# Tannoch Tots Nursery
# Day Care of Children

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Uddingston
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**Type of inspection:**
Unannounced

**Completed on:**
17 November 2022

**Service provided by:**
C & H Childcare Limited

**Service provider number:**
SP2015012589

**Service no:**
CS2015341533

## About the service

Tannoch Tots Nursery is registered to provide care to a maximum of 121 children, from babies to those not yet attending primary school. The service is based in a business park in the Tannochside, North Lanarkshire. The service is provided from a two storey property, which features playrooms, welcome areas, toilets, changing facilities, kitchen, office and staff space. Children within the 3-5 room have direct access to an outdoor play area from their playroom.

The service is situated close to shops, parks and other amenities. There are two nursery managers who oversee the management, supervision and day to day running of the service.

The service is provided by C & H Childcare Limited.

## About the inspection

This was an unannounced inspection, which took place on 15 November 2022. Three 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.

- We received feedback from ten parents/carers. We shared this with the management team.

- Spoke with staff, the manager and providers.

- Observed practice.

- Reviewed documents

## Key messages

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

- Children experienced warm, caring and nurturing interactions from staff.

- Children enjoyed spending time in their nursery and had fun playing with their friends and with staff.

- Staff communicated well with one another.

- Snack and mealtimes should be improved for children.

- Some areas of the nursery environment would benefit from more robust cleaning and maintenance.

- Staff would benefit from opportunities to further develop their skills and knowledge.

- Quality assurance processes should be further developed to support continuous improvement in the service.

## 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

1.1 Nurturing Care and Support

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

Children were happy, settled and mostly confident in the setting. Staff's kind and gentle manner supported them to feel safe and secure. Interactions between staff and children were warm, calm and caring, with children seeking and receiving reassurance and affection throughout the day. This helped create a caring, nurturing environment for children.

The children engaged well with us and happily told us about how they spent their time at nursery. They enjoyed and had fun playing with their friends and with staff. We saw some had developed special friendships with each other and were mostly able to choose when and where they spent time with them. A child told us 'We are friends and like to paint.' A parent/carer commented, 'It is very clear that my son absolutely loves nursery, they nursery were great with dealing with his settling in and now he runs in to give the workers in his room a cuddle.'

Children were treated with respect and valued as individuals. Staff engaged with children at their level when supporting and interacting with them. We could see that children with additional support needs were mostly supported well.

Each child had a key worker who was responsible for their care and wellbeing. This consistent, caring relationship helps children to settle and feel safe. All staff in each playroom knew children well. A parent/carer commented, 'I've always been really impressed with the standard of care and always felt the staff really know my child. It's great that there are different rooms for the different age stages and I feel that the way the nursery is run ensures good transition between rooms and fully supports the children when they move.'

Key workers shared with us how they gathered information from parents/carers and used this to plan how their individual care and development needs would be supported. While each child had a key worker, some parents/carers highlighted that there had been changes recently. One parent/carer told us they were unsure about who their child's key worker was. Another commented, 'it would be really good to meet your child's new key worker when they are appointed. I was informed there was a change via the family app. However we do often discuss their day when I collect my son and in doing so we have build a great rapport. I am very thankful for my little boys current key worker and love to see the friendship that she and my little boy have formed.'

The manager agreed to ensure that any changes to staff and children's key workers are clearly communicated to parents/carers. This will support the development of trusting relationships with children and their families.

Each child had a personal plan. From the plans we viewed, these demonstrated staff had gathered important information about children's health and wellbeing needs and how their learning and development needs were being met. Where children had additional support needs, plans detailed the strategies that were in place to support them and these were mostly applied consistently. We encouraged the service to

continue to work with parents/carers when planning for individual children to fully involve them in their care. A parent/carer commented, 'my child's key worker has set targets and shared them with myself and my husband. I feel the targets which have been set are appropriate and they have already been evaluated and new targets created.'

We considered how children's mealtimes promoted children's health and wellbeing and found there was scope for improvement in this area. The management team had recognised that children's meal and snack times would benefit from being a more nurturing experience and had very recently started to make changes to improve this. We found that children mostly appeared to enjoy their lunch and those who did not wish what was on offer were provided with an alternative option. A child commented, 'I had oranges for lunch they make you big and strong.' Children's dietary and cultural needs had been well considered. Staff ensured children were seated comfortably and safely and were close at hand to support when required.

However, we found during this period most children were unsure of the routine and were not well supported at this time to adapt and develop confidence with the changes. We found staff were mostly task focused which impacted on the quality of this experience.

Children who were not eating at this time had not been fully considered, which resulted in a lack of support and interactions from staff. Opportunities to promote children's independence were inconsistent, with some having good opportunities to self-serve, however this approach needed to be more consistent across the setting.

The manager told us that additional staff have recently been appointed to support children and assist at lunchtime. We agreed this could help improve children's mealtime experience experiences.

We recommended that the management team and staff continue to improve mealtime experiences for children and ensure that all children are well supported during this time (see area for improvement 1).

Sleep routines were warm and responsive. This experience reflected the needs of individual children and parent/carer's wishes. Staff were sensitive to children's needs and used calming, nurturing ways to support each child for example cradling, gentle stroking and snuggling.

Staff had a good understanding of safe administration of medication. Medicine was stored safely, and children's health and medical needs were well understood by staff.

Clear child protection policies and procedures were in place which supported staff to keep children safe and protected from harm. Staff were clear about their role and all, with the exception of new staff, had undertaken online child protection training. This was explored further at peer development sessions. The manager was the child protection officer and understood their responsibilities and reporting procedures. We were confident any child protection matters would be responded to appropriately. The manager advised it was their intention to source face to face training for staff, which we agreed would be beneficial.

**1.3 Play and Learning**

Children played together with their friends, while others happily played alongside others or on their own. Children had some opportunities to engage in child-initiated activities both indoors and out. They could mostly independently choose where they wanted to play and engage in activities that were of interest to them.

We could see from children's 'all about me' information that staff had consulted with parents/carers about

children's favourite toys and activities. They told us that this was used to influence their planning. As a result children mostly had opportunities to engage with activities that reflected their interests.

A parent/carer commented 'Throughout the day, the children are exposed to different learning materials for them to explore and this is great to see as I know how quickly my little girl can change from one activity to the other so I am happy that there I choice. There is a large space for the children to learning in and I feel this space is used well.'

Children had fun with the sensory experiences on offer, creative activities role play and block play. Children were keen to learn and experiment with different materials. We observed staff praising and celebrating children's achievements. A child told us 'I like to paint and draw.'

Staff understood the importance of outdoor play to children's health, wellbeing and development. Some children were able to access the outdoor space independently, however others had to be supported to access this area. Children enjoyed playing in rain, splashing in the puddles and scooping up rainwater. We observed some children engaging in more risky and challenging play while playing on bikes and chutes. Staff told us that they regularly make use of the local community by visiting local parks and natural play spaces. A parent/carer commented, 'While visiting before enrolling my daughter, I asked about outdoor learning. I was shown the outdoor space and it was also explained to me that the children visit the local park too. I am very keen for my daughter to play and learn in the outdoor environment, however I have seen very little evidence of this.' We encouraged management and staff to ensure all children have regular access to outdoor play and to continue to make good use of the local and wider community.

At times we found children's play was restricted due to the range of toys and resources available to them, however we acknowledged that play experiences were richer and more meaningful when staff added additional resources in the afternoon. This created a great deal of excitement and children were enthusiastic about trying the new equipment. While staff played alongside children, supporting them during their play, there were missed opportunities for children to take the lead, extend their play and support the development of language and numeracy skills.

Overall, children would benefit from opportunities to be meaningfully and actively involved in leading their play and learning. Providing a balance of spontaneous and planned high quality experiences and having access to high quality natural open-ended resources that support creativity and curiosity would help with this. Staff would benefit from developing a deeper understanding about their role in supporting children's play, to ensure that children have opportunities to engage in stimulating experiences that challenge them. Staff should also ensure that tasks do not impact on their engagement with children and disrupt their play (see area for improvement 2).

Then manager confirmed their intention to engage in a play-based and child-led programme to enhance all areas of provision and practice. This will support staff to develop skills and knowledge in supporting children's play more effectively and ensure children are encouraged to explore, experiment and be creative using high quality and engaging resources. We are confident this approach will support staff to improve children's experiences.

### Areas for improvement

1. The manager and staff should take positive steps to improve the overall quality of mealtime experiences for children. This should include, but not limited to ensuring:

- mealtime routines meet the needs of all children.

- staff tasks do not impact on children's experience.

- children are well supported and supervised before and after lunch.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state; 'my care and support meets my needs and is right for me' HSCS 1.19),
'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35) and
'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21)

2. Staff and management should improve the overall quality of children's play experiences. This should include but is not limited to ensuring;

- children have access to a wide range of toys and resources which support their play.

- staff access learning opportunities which will help them gain a better understanding of the role they play in supporting children's play.

-activities are well planned to take account of children's interests and their learning and development needs'

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state; 'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving including imaginative play and storytelling (HSCS, 1.30) and,

As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.' (HSCS, 1.31)

## 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 any areas for improvement.

The setting was comfortable, well ventilated, and furnished to good standard. Some homely touches, such as displays, photographs and soft furnishings helped create a welcoming environment for children and their families. Each child had access to their own space to store their personal items, which helped promote a sense of belonging.

Entrances and exits throughout the setting were secure, which ensured children's safety. We asked staff to be vigilant, ensuring doors fully close when they are entering and leaving the rooms. Staff ensured children were always accounted for, particularly when moving around the setting. This ensured children were safe and secure.

Playrooms had recently been redecorated in neutral colours which helped create a calming space for children. Large windows ensured playrooms benefited from lots of natural light. Playrooms were very spacious, providing children with opportunities to play on their own and in small or larger groups with space

to extend their activities. Consideration had been given to most children being able to access toys and equipment independently.

Staff engaged in good hand hygiene practices and ensured that children were supported to do this well at key times. This helped to minimise the risk of spread of infection and supported children to learn good hand hygiene habits.

We identified improvements were needed across the setting. There was scope for playrooms to be more homely and nurturing. We discussed ways in which this could be achieved, for example considering further the use of space and using lamps, furniture and additional soft furnishings to help create a more calm, warm and inviting space.

We found some minor maintenance issues and some areas of the nursery that would benefit from more robust cleaning. We discussed this in depth with the manager and the provider who have both agreed to take swift action to address these areas. The manager advised that a cleaner had recently been appointed which should help ensure areas are clean and hygienic for children (see area for improvement one).

We found that staff were walking through playrooms to access other areas of the nursery, which was impacting on children's care and disrupting their play. While in some areas this was unavoidable, the manager has agreed to monitor this to ensure this is limited.

While risk assessments had been completed which demonstrated how staff identified and minimised risks to children, we suggested this process could be more robust to ensure that staff are identifying the issues similar to those highlighted during our visit.

Some children had direct access to a large outdoor space from the playroom. The outdoor area was well planned to take account of children of all ages. This provided an interesting space with varied surfaces for children to play. We observed active children practising their skills in running, climbing, jumping and balancing. Children demonstrated a good understanding of how to keep themselves and others safe when playing outdoors.

Accidents and incidents were recorded with details shared with parents/carers. While these were being audited by management, we suggested this approach could be strengthened. We provided the manager with some information to support with this. This should support management to identify any emerging patterns and any actions required to remedy this, which will contribute to keeping children safe and help prevent accidents occurring.

### Areas for improvement

1. To ensure children's safety and wellbeing, the provider, manager and staff should ensure all areas of the setting are maintained and cleaned to a high standard.

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

**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 any areas for improvement.

The nursery had undergone some leadership changes with a new manager being appointed since the last inspection. Management were visible and promoted a clear vision that helped staff understand the aspirations of children and their families. We acknowledged that most senior staff were new to the service and were still settling in their role.

The manager and the providers had a positive attitude to change and understood the importance of including others in achieving their vision. They demonstrated positive leadership. They valued staff and demonstrated a commitment to ensuring they were motivated and supported to carry out their role.

Management and staff had worked hard to address the areas for improvements from a recently upheld complaint and those that were made at the service's last inspection. These related to improving children's personal plans, supporting children's behaviour, accident recording and developing staff's skills and knowledge. Good progress had been made with this with most aspects being fully addressed.

The manager had a good understanding of the improvements that were needed to improve the overall quality of the service. Some quality assurance processes were in place that were impacting positively on outcomes for children and families. This included the service's development plan which reflected key areas for improvement, including some of those we identified during our visit, for example developing and upskilling staff. Staff were familiar with the identified priorities and felt involved in taking these forward.

We found there was scope for quality assurance processes to be strengthened and be more robust. To ensure improved outcomes for children and families, the service should continue to make use of best practice guidance and evidence-based research to make the improvements required (see area for improvement one). We recognised that with a more settled staff and management team, there was capacity to take the improvements forward.

The service used some effective methods to communicate with parents/carers. They shared and gathered information about their child at the start and end of the day when meeting with staff. An electronic 'Family' app and parent committee meetings helped keep them up to date on aspects of service delivery and enabled them to be involved in the life of the service. A parent/carer commented, 'I think the staff are very dedicated and are keen to put the children at the centre of everything they do. On most days we receive photographs of what the children have been doing, I really look forward to these photos as it is nice to see what the children have been doing and learning.' Another parent/carer commented, 'communication in general with the nursery I feel could be better.' A small number of parents/carers highlighted that they would also welcome an opportunity to spend time in the nursery with their children. The manager confirmed this was area that they were considering further to help strengthen relationships and promote positive parental engagement.

Parents/carers had some opportunities to share their suggestions on how the service could be improved. The manager and staff welcomed their feedback and considered how their views could influence the service provided. The manager identified, and we agreed there was scope to further develop ways to involve children and parents/carers in developing the service.

There was a commitment to using staff's strengths, interests and skills to lead on specific areas of practice and some progress had been made with this. This enabled staff to develop leadership skills and strengthen their knowledge of best practice. The service should continue to develop and embed this approach to ensure staff share their learning with each other, which should positively impact on children's experiences.

Team meetings provided staff with opportunities to receive updates on the service and kept them informed about all aspects of nursery life. These opportunities enabled them to discuss individual children and share their ideas on what was working well in the playrooms and what could be improved. Staff felt supported by the management team and felt that their views and suggestions were important.

### Areas for improvement

1. To improve outcomes for children and their families, management should strengthen the service's quality assurance processes using best practice guidance. Children and their families should continue to be involved in this process.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state; 'I use a service and organisation that are well led and managed' (HSCS: 4.23)

## 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 any areas for improvement.

Staff were enthusiastic about their role and spoke positively about their work. They worked well together to create a positive and welcoming environment for children.

We observed staff to be kind, caring and nurturing in their interactions with the children. They understood that continuity of care was important for children and mostly communicated well with each other when task took them away from their responsibilities. Staff were respectful and affectionate towards the children.

We understood the service had recently experienced significant staff changes. Some parents/carers highlighted this to us and shared the impact this had on their child. We acknowledged a more settled management and staff team was now in place, which should improve continuity for the children and their parents/carers.

The service was appropriately staffed to meet children's needs and staff communicated well and were mostly deployed effectively throughout the day. Staff mostly had time to listen, respond, and care for children, which helped them feel safe, secure and valued. However, we found staff were very focused on tasks at key times, which resulted in children's needs not being met in a consistent way and supervision of children not always being effective. Staff would benefit from further support to manage tasks effectively and develop their awareness of recognising when there are gaps and finding effective solutions. (see area for improvement one)

There were a good range of skills and experience across the team with new staff feeling well supported in their role. Staff had engaged in a variety of training both online and in-house and had engaged professional reading to develop their knowledge and skills. All staff were due to attend Paediatric First Aid following our visit. Staff told us about the impact training had on their practice and how this was beginning to make some positive changes.

Staff had also kept up to date with changes to guidance throughout the pandemic and ensured this was implemented to keep children and families safe. We recommended that staff would benefit from continued

training, sharing practice, reading and research to improve and embed practice (see area for improvement one).

### Areas for improvement

1. To improve outcomes for children, staff would benefit from continued support, training, sharing practice, reading and research to further develop their skills, knowledge and improve their practice.

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 re trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes.' (HSCS, 3.14)

## 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 ensure a consistent and shared approach when supporting challenging behaviour.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 28 October 2022.**

### Action taken since then

We found that children's behaviour was well supported throughout our visit. Staff were consistent in their approach and confirmed clear strategies to support children's behaviour would be recorded in children's personal plans.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

We were satisfied with the actions taken by the service and were confident this area for improvement had been addressed.

**Previous area for improvement 2**

The provider and management team must ensure that staff understand and follow procedures for recording all accidents that happen within the setting.

This is to ensure that all accidents are recorded, children's health wellbeing and safety needs are met and parents/carers informed about issues affecting their child.
This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

**This area for improvement was made on 24 July 2019.**

### Action taken since then

We found staff followed procedures for recording accidents appropriately. Information was shared via the family electronic app immediately after any accidents and staff supported this with a telephone call to parents/carers when required.

We did however highlight to management that there was scope for monitoring and auditing processes to be more robust and have reflected on this further under 3.1 - quality assurance and improvement are led well.

This area for improvement had been met.

## Previous area for improvement 3

The provider and management team should further develop children's personal plans to ensure that their development needs are well planned, reviewed and met. To achieve this personal plans should include; - General practitioner details. - All about me books dated at point of completion. - Include a question about parents/carers choice of where a child should sleep. - Details of 'how' the child's needs will be met.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 24 July 2019.**

### Action taken since then

We were satisfied with the action taken by the service to improve personal plans. Of the personal plans we viewed we could see that these contained important information about children, their personal care preferences and how their needs would be met.

This area for improvement had been met.

## Previous area for improvement 4

To further improve staffs practice and support better outcomes for children the provider and management team should review staffs practice and all training they have undertaken. Support should continue to be given to staff where areas for improvement are identified.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

**This area for improvement was made on 24 July 2019.**

### Action taken since then

While progress had been made on some aspects of this area for improvement, we found that staff required further support and opportunities to develop their skills and knowledge. We have reflected on this further under 4.3 - Staff Deployment.

This area for improvement had not been fully 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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