

Lilybank Private Nursey Day Care of Children

Lilybank Nursery
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Telephone: 01698 428699

Type of inspection:
Unannounced

Completed on:
21 April 2023

Service provided by:
Lilybank Nurseries Ltd

Service provider number:
SP2022000022

Service no:
CS2022000036

About the service

Lilybank Private Nursery is registered to provide a care service to a maximum of 30 children aged three years to not yet attending primary school at any one time. The service is in partnership with South Lanarkshire Council to provide early learning and childcare to children aged between three and five years.

The service is accommodated in a single story building set in the rear garden of a home in a residential cul de sac. Children have direct access to the secure garden area for active play in the fresh air. The service is close to local amenities such as shops, wooded areas and parks where children can learn about their wider world.

About the inspection

This was an unannounced inspection which took place on Wednesday 19 April 2023 between 09:20 and 15:50. We concluded the inspection on Friday 21 April 2023 when we gave inspection feedback to the service provider, manager and a representative from the local authority using 'teams' technology. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children using the service and reviewed survey responses from 18 parents whose children attend the service
- spoke with the service provider, the manager and three staff. We also reviewed survey responses from four staff
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Children received nurturing support from caring staff who knew their personalities and needs very well. This contributed to children feeling safe, listened to and loved.
- Opportunities for children to develop their independence and skills were available through the exploration of risk and challenge outdoors.
- The service should consolidate children's learning journals, ensuring children enjoy appropriate support for their care, learning, development, and progress.
- Procedures for recording information in relation to children's medication needed to be improved to support children's safety and health.
- The management team, in partnership with staff and families, should now develop self evaluation processes to support sustained improvements across 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

We evaluated both quality indicators as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

1.1 Nurturing care and support

We observed that children attending the setting were relaxed and happy. The small setting and keyworker approach meant children were able to build attachments with their peers, keyworkers and wider staff group. It reassured parents that their child would always be cared for by a known adult who knew their unique personality and preferences. Keyworkers communicated with each other to ensure important information was relayed to families if they were not available at the end of the child's session to do so, thus ensuring continuity in children's care. Parents spoke highly of the relationships staff had with their children and the nurturing approach, which contributed to children feeling safe, listened to and loved. Parents' comments included: "The staff at Lilybank go out their way to know and nurture my child every day." and "The staff team are genuine, kind and take a real interest in the children and their families. We feel lucky that our son has such positive influences".

Staff worked closely with families and, where appropriate, external professional to support any additional needs children presented with. Children's health and wellbeing was also supported as parents shared any health conditions, including dietary needs and medication with staff. This helped staff offer appropriate support to children or recognise and respond to emergency situations when needed. Children's medication was mainly stored according to good practice although we advised that emergency medication should be more readily accessible. Procedures for recording information in relation to children's medication needed to be improved to support children's safety and health. We noted occasions where more than one medication was recorded on one form, which could lead to confusion over dosage and method of administration. (See area for improvement 1). We referred the manager to Care Inspectorate good practice guidance 'Management of medication in daycare of children and childminding settings'.

1.3 Play and learning

Children benefitted from spending most of the day outdoors with opportunities for physical, energetic play. Children were involved in leading their own play and learning as the provision of loose parts and other materials engaged their imagination. We observed how much children were involved in deciding about their own learning and how staff offered variety and challenge throughout our visit. Children were proud to show us the wall display about their individual achievements, which helped them feel respected and included.

There was rich information on the learning wall and in floor books about the topics children had enjoyed, which was also referenced in some children's individual learning journals. This helped parents find out what activities their children had participated in and how these could be continued at home. This was appreciated by parents whose comments included: "Great activities, well planned, well organised and children really enjoy." and "My child absolutely loves Lilybank Nursery. She receives excellent care on a daily basis and is given the best opportunities to learn and grow.

We discussed the formal staff approach to planning children's play and learning across the setting, which tended to be adult directed with pre determined outcomes for children. For example, planned activities were focussed on seasons and cultural events rather than children's changing abilities and interests.

The setting had introduced electronic learning journals to help track how staff were supporting children's play, learning and development. From sampling journals we found entries were not representative of staff practice nor the richness of children's experiences. Children's voice was not always evident in their individual plan. The manager agreed that, as staff were at different stages in their own professional development, some required more support to be effective in their observational skills. This will help ensure that all children enjoy play and learning experiences that are relevant, personalised and sufficiently challenging for their stage of development. We gave suggestions of where staff could find online learning resources to inform their observations of children's development and suit individual staff learning styles. For example, 'Realising the Ambition: Being me' challenge questions could assist staff in affirming their own practice as well as the documentation of children's play based learning. Scottish Social Services Council (SSSC) also offer staff Open Badges on observations of children - <https://learn.sssc.uk.com/observing/> (See area for improvement 2).

Areas for improvement

1. To ensure children's health and wellbeing are protected, the manager and staff should ensure that paperwork related to administration of medication is completed accurately.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This is to ensure that medication records and administration procedures are consistent with the Care Inspectorate document: 'Management of medication in daycare of children and childminding settings'.

2. To ensure child's individual care and support needs are fully met, the setting should review and develop how children's learning journals are used. The manager should ensure all staff understand how to meaningfully assess children's individual needs, choices and wishes. The manager should work with staff to monitor children's personal plans thus ensuring the best outcomes for children.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and 'My personal plan (sometimes referred to as a care 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).

How good is our setting?

4 - Good

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

2.2 Children experience high quality facilities

The playrooms and outdoor play areas were safe and secure, welcoming and stimulating. Throughout the setting there were plenty of spaces where children could rest, feel safe and cosy, supporting their emotional wellbeing. The provider and staff had concentrated on investing in and developing children's outdoor play area, which children freely accessed from two separate doors in the playrooms. Here we observed a positive learning environment with purposeful areas rich in opportunities for children's curiosity and investigation.

Children were naturally risk taking as they negotiated spaces at different levels and learned to use their body in different ways. Children were supported by staff to problem solve and think imaginatively when using a range of loose parts. For example we observed two boys problem solving how to use large pieces of piping to propel cars down a slope, learning about trajectories as they developed their fine motor skills and language together.

The indoor areas were at an early stage of development but the manager and staff shared some of their plans to extend children's play and imagination, such as asking parents to donate loose parts for children to utilise within the home corner. We liked that staff were beginning to declutter the indoor areas, including leaving blank tables so that children could select resources that supported their play intentions. We discussed having displays at children's level to remind them of what they had been learning about, represent their interests and offer challenge. This would contribute to children's sense of belonging.

The manager had made use of the national best practice guidance 'Setting the table, nutritional guidance and food standards for early years childcare providers in Scotland' (NHS Health Scotland), to inform the review of practice. Children sat in small social groups where tables were set with attractive clothes, crockery and cutlery. Gentle music was played in the background to create a homely setting. Children were independently involved in serving themselves from manageable dishes and jugs on each table so that they were developing key social skills. Staff monitored what children were eating to promote healthy eating habits but this nurturing mealtime experience could be further enhanced if staff sat with children.

Children were kept safe and healthy because of the robust infection control practices that were in place within the setting. Children's toilets, nappy changing areas and handwashing sinks were easily accessible to children and staff. We noted that there were less toilets than advised for the number of children registered with the service. Although there were facilities available for children who needed assistance with personal care, these were in the designated staff toilet area. We reminded the service provider that they had agreed to improve the standard of both children and staff toilet facilities within the first year of operating. We have asked that the organisation of toilets be reviewed to ensure children have access to facilities which more appropriately meet their needs. (See Area for Improvement 1)

Children's safety was promoted through detailed risk assessments for all areas and activities accessed by them. We suggested that staff and children be involved in the future review of risk assessments so that they are more relevant to their contexts. The team had begun to use our SIMOA (safety, inspect, monitor, observe, act), good practice notes to promote a child centred approach to safety. They should continue with this as it will help children learn to take responsibility for their own safety and wellbeing.

Areas for improvement

1. To ensure children's wellbeing and safety, and support their privacy, the provider should ensure children have access to an appropriate number of toilets and change areas, in line with 'Space to Grow' best practice guidance. Staff should have access to separate toilet facilities from children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?**4 - Good**

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

3.1 Quality assurance and improvement are led well

This was the first inspection since the service had been re-registered and a new manager appointed. A range of quality assurance systems had been put in place to monitor different aspects of the service. For example the review of policies had taken account of some national guidance documents, which helped staff to implement legislation and best practice guidance on supporting the wellbeing and welfare of children. Consideration should now be given to how some of these processes could be streamlined to increase effectiveness. We have highlighted the management of children's medication and monitoring children's learning journals under 'How good is our care play and learning?' to support the best outcomes for children.

Staff told us that the management team, including the new provider, were supportive. Whole staff meetings provided opportunities to have meaningful discussions about their practice and how it impacted on positive outcomes for children. The service was in partnership with South Lanarkshire Council and therefore had access to their improvement plan templates, quality improvement officer support and training catalogue. The manager had used the network of support to arrange staff visits to other early learning and childcare services in the area. Sharing best practice had the potential to motivate staff to consider different ways of working, identify their own strengths and areas for improvement they would like to take a lead in.

The manager and staff engaged well with the inspection process, taking on advice offered. They were optimistic about their capacity to support children and families to reach their full potential. The new service provider had actively sought the views of staff and families' views to inform the ongoing development of the setting. Most parents who responded to our survey believed they had been involved in a meaningful way to help develop this setting and that their ideas and suggestions were used to influence change. One such way was to create the new vision and aims for the nursery and had helped people feel listened to and respected. Some staff were less confident that their views were listened to or that they had been involved in self evaluation. We recognised that staff appraisals were underway and this would give staff an opportunity to have their say.

The setting was at an early stage in their improvement journey. Although an improvement plan was in place it had not been informed by self evaluation that aspired to high quality care and support tailored to the needs of children and families. The management team, in partnership with staff and families, should now develop self evaluation processes to support sustained improvements across the service. This will enable everyone to develop a sense of ownership of the setting's improvement journey and their own contribution to this. We encouraged the manager to share the indicators from tools such as 'A quality framework for daycare of children, childminding and school aged childcare' so that staff could reflect on what was working well within the setting and what could be done better. (See area for improvement 1)

Areas for improvement

1. The service provider, manager and staff should continue to develop and implement robust self evaluation processes.

They should refer to related tools found in the HUB area of the Care Inspectorate website, such as:

- 'A quality framework for daycare of children, childminding and school aged childcare'
- 'Realsing the Ambition: being me'
- 'Self-evaluation for improvement - your guide'.

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).

How good is our staff team?

4 - Good

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

4.3 Staff deployment

The service provider's safe recruitment processes helped ensure children were cared for by staff who were fit to work with them. The new post of depute manager had strengthened the management team and meant the manager could delegate tasks, freeing more time for them to establish operational matters for the new service.

Nearly all parents in our survey strongly agreed that there were enough staff within the setting. A designated member of staff met with children and families as they arrived at the setting. This supported a welcoming, nurturing environment and built trusting relationships between families and staff. Where possible the child's keyworker fed back to parents at the end of each session how their child's day had been, for example what they had eaten and their achievements. We observed that staff communicated well with each other when a task took them away from their duties or where there were changes to plans. Staff told us they were confident that if they were not available to speak with parents at children's pick up times, a colleague would be familiar with key information to share with families. This contributed to families feeling respected and ensured continuity in children's care between the setting and home.

The team was made up of experienced and well established staff who had been employed by the previous owner and new recruits. Effective use was made of this differing experience, knowledge and skills within the staff group to ensure staff felt their contribution was valued and that children were appropriately supported. Staff recognised that they were on a journey together to develop the service and become more outcome focussed. Highlighted by one member of staff who identified the following area for development - "Become more confident with child responsive practice. More opportunities for team building that are initiated by the whole team".

Free flow play between the playroom and garden area was a relatively new approach for most of the staff and at times they were lacking in confidence to make informed decisions about adult to child ratios. We reminded the manager that professional judgements about how staff are deployed should take account of the layout of the premises or other special circumstances that support the best outcomes for children. We signposted them to 'Guidance on adult to child ratios in early learning and childcare settings' (30 March 2018) which can be found in the HUB area of our website.

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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