

Little Monkeys @ Craiglockhart Day Care of Children

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
29 March 2023

Service provided by:
Little Monkeys Limited

Service provider number:
SP2003002999

Service no:
CS2005101786

About the service

Little Monkeys @ Craiglockhart is registered to care for a maximum of 108 children at any one time aged from birth to those in Primary 5 with a maximum of 33 children at any one time under two years. At the time of the inspection, no school aged children were using the service.

The premises consists of two large townhouses converted into one nursery accommodation. Playrooms accommodate children across four floors. Secure outdoor areas provide opportunities for outdoor play.

The service is situated in the Craiglockhart area of Edinburgh. It is close to local amenities and serviced by local bus routes. Children benefit from exploring the local area, including woodlands.

About the inspection

This was an unannounced inspection which took place on Friday 24 March between 09:30 and 17:05 and Monday 27 March between 10:35 and 17:00. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and 25 parents through emails and in person,
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

Positive relationships with families supported continuity of care and effective partnerships.

Children's play and learning was enhanced through connections to their local community, including regular forest sessions.

Effective staff deployment promoted children's safety and wellbeing.

Staff worked well together to create a positive and welcoming environment for children.

Quality assurance processes could be further developed to enhance continuous improvement.

Some additional work was needed to ensure that strategies of support for some children were consistently recorded and used to maximise children's development and learning.

The provider must ensure that staff roles are clearly defined and take account of any professional registrations that may be required.

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 made an evaluation of good for this key question, 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.

Quality indicator 1.1: Nurturing care and support

Children's wellbeing was supported in a variety of ways throughout their daily experiences. Children experienced warm and attentive interactions. Siblings enjoyed spending time together in the garden creating a family feel and promoting a sense of belonging. Children's rights were respected as personal care was carried out using warm and nurturing interactions. This helped children to feel secure and safe during these times.

Children enjoyed meals in an unhurried and social way. They enjoyed chatting with their peers and engaging with staff. During meals and snacks, most staff sat with children, helping to keep them safe. Within one playroom towards the end of lunch, staff became task focused meaning the social experience of lunch was interrupted. To ensure children have mealtimes that are as positive as possible, the service should continue to develop routines and review improvements over time. There were further opportunities for children to be involved in self-serving and meal preparation. These experiences support children to develop important skills and feel a sense of responsibility. One parent said, "It would be great if the older children could perhaps be involved in baking or food prep i.e., fruit salad. Nursery did a food tasting session and my child loved this. More experiences like this would be fabulous!"

Sleep arrangements respected children's needs and preferences. For example, babies and toddlers slept throughout the day based on their own routines. Within their playrooms, soft lighting and calming music supported a sense of relaxation. An older child was able to rest after lunch in a cosy corner. Staff were supportive and attentive during sleep times, helping to keep children safe.

Children's personal plans were created in partnership with parents, which enabled staff to effectively plan for children's care and support. One parent said, "We've always had a good chance to discuss our child's needs, whether on a daily basis at drop off and pick up, by email or phone or during the parent consultations". Information about children's routines and preferences were updated over time. This allowed staff to respond to changes and ensure care was consistent between home and nursery. For some children, particularly within the older age groups, a more systematic approach was needed to monitor reviews of personal plans. For example, for some children information about changing needs had not been recorded. Although staff were aware of the changes and acted upon them, further quality assurance processes should be developed to support reviews so that the information remains relevant.

Staff knew children well and for some children who required additional support there were strategies in place to support them. For example, for one child their emotional wellbeing was supported using emotions symbols and one to one time with staff. However, for some other children, support strategies were not always recorded in personal plans or additional support plans. As a result, some identified support was at times not being consistently used. Staff should continue to develop their confidence using planned strategies to maximise children's wellbeing. Improved recording of the support strategies in place could also enable staff to evaluate and measure the impact of the support over time (see area for improvement 1).

Effective medication arrangements supported the service to maintain children's health and wellbeing. Reviews of medication happened regularly with parents through emails and discussions. One parent said, "We have felt very confident and reassured that Little Monkeys take the safety and welfare of the little ones in their charge very seriously".

Quality indicator 1.3: Play and learning

Children's play and learning was promoted through a balance of spontaneous and planned experiences. Experiences such as sand, water, paint, mark making, construction, role-play and loose parts play were available both indoors and outside. As a result, children could make choices and engage in activities that interested them.

Staff enabled children to follow interests and make decisions. These interactions helped children to lead their own play and learning. Occasionally, some staff did miss children's cues in play. For example, within one playroom a child exploring bricks was not supported to extend this play and quickly moved away from the activity. Staff should consider how they can effectively enable children to explore resources and engage in play. Also, staff should be alert to the resourcing of areas to ensure they are consistently inviting. On the first day of the inspection, resources from one playroom relating to the home area were being washed. However, staff had not ensured there were other resources available to support this type of play. This had the potential to impact on children's choice of play and their creativity.

Children's play and learning was enhanced through connections to the wider community. Older children had regular sessions in the forest, while all children spent time on local walks and outings. A risk benefit approach to play enabled children to be adventurous and curious about the world around them. Parents valued the outdoor experiences and the benefit these had on children's wellbeing and learning. One parent said, "My child is able to participate in weekly forest school days and as a parent, I can't emphasise enough how important I think this opportunity is - to be outdoors all day, learning about nature and the environment, and experiencing a range of outdoor activities."

Planning approaches for play and learning were evolving and the management team were working with staff to focus planning around interactions, spaces, and experiences. Staff used responsive planning effectively to support children's learning. For example, in the forest staff supported the children's idea of becoming a musical band. This was a joyful experience where staff responded to children with positive levels of engagement, whilst allowing them to lead the experience and be creative.

To support children's play and learning, staff identified and recorded next steps in children's learning jotters. However, at times observations of children's learning did not always capture individual learning or significant next steps. This was resulting in some missed opportunities to support children's learning. The management team were working with staff to develop their skills and confidence in recording high quality observations and making effective assessments. Staff should be supported to develop these skills so that children's opportunities for learning are fully maximised.

Some parents shared they would like more information about their child's learning and development. One parent said, "It would be good to see more of what our child does during the day. We would like to see more photos, and a learning journal". As a result of parental feedback, the service was taking steps to improve opportunities to include parents in their children's learning. The service improvement plan included the introduction of an online system alongside their regular parent consultations.

Areas for improvement

1. To maximise all children's wellbeing, the provider should ensure support strategies are planned and provided consistently. Planned strategies should be clearly outlined and monitored in children's personal plans. This would guide staff on how to support a child whilst monitoring the effectiveness of the strategies for the child.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

4 - Good

We made an evaluation of good for this key question, 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.

Quality indicator 2.2: Children experience high quality facilities

Children experienced a homely environment with lots of natural light. Most playrooms provided welcoming spaces with cosy areas for rest and relaxation, which supported children's wellbeing.

Children's right to play was promoted as resources were easily accessible and at child height. Children enjoyed a range of activities that reflected their interests, including sensory play, art and crafts, construction toys and role play. A range of opportunities within the garden areas enabled children to be creative and experiment using natural materials, including loose parts. This supported children to develop skills in problem solving and critical thinking. The garden used by the youngest children had sensory experiences, a small climbing frame, alongside a suitable range of books and other toys. These resources encouraged children to be active and have fun.

Essential equipment worked well and supported children's wellbeing. For example, rooms were heated to a comfortable temperature. Ongoing maintenance measures were in place, and at the time of the inspection, the service had been painting spaces and freshening up woodwork, with more work planned. The provider also added splashbacks to children's sink areas during the inspection. These made the space more inviting and comfortable for children to use. However, further quality assurance was needed to ensure all aspects of maintenance were identified and addressed. For example, during the inspection we found stairgates were becoming loose and a curled rug. To maximise children's safety and wellbeing, the provider should support the management team and staff to identify and manage maintenance more effectively. The management team and provider were responsive to the issues raised and gave assurances these would be addressed.

Boards and registers were used to account for children both indoors and outside. This meant staff could track children's movements around the building. Within the forest site, staff took regular headcounts and were clear about how to respond should they be concerned about a child's whereabouts. This supported children to have fun, while maintaining their safety.

Overall, children experienced a clean environment, which supported their wellbeing. Staff undertook regular cleaning throughout the day helping to support cleanliness. However, in a few areas, effective cleaning had not taken place. For example, dust had built up on the shelves and radiator in one of the nappy changing areas. To ensure all areas of the environment were consistently cleaned, further quality assurance measures should be implemented.

Handwashing practices had improved since the last inspection. Staff washed their hands at appropriate times to minimise the risk of infection spreading. Children were sensitively supported to engage in good hand hygiene. However, there were a few occasions when opportunities to wash hands were missed. For example, after lunch babies' hands were cleaned with wipes. To ensure consistency in routines, the management team should continue to use effective quality assurance to embed best practice.

Since the last inspection, the provider had improved children's right to privacy by ensuring toilet doors were in place. However, some aspects of the toilet and nappy changing facilities did not meet with current good practice guidance. Within two nappy changing areas, staff and children shared the facility. Furthermore, two of the nappy changing areas used by children under the age of two years old had flushing toilets. As this age group of children are specifically vulnerable to the spread of infection, this layout did not follow good practice guidance. Further work should be undertaken to address this aspect of the environment. The provider was beginning to make plans to address these issues. We will continue to consult with the provider on these matters. We signposted the provider to guidance such as 'Space to Grow' (Scottish Government, 2017) and 'Nappy changing facilities for early learning and childcare services: information to support improvement' (Care Inspectorate, 2018).

How good is our leadership?

4 – Good

We made an evaluation of good for this key question, 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.

Quality indicator 3.1: Quality assurance and improvement are led well

The manager and staff team were positive in their approach to supporting children and developing the service. They had begun to review the vision, values and aims to ensure it reflected the current staff team, children, and families. This showed a commitment to embedding a culture of involvement.

A particular strength within the service was the ways in which families' views were sought and used to inform the development of the service. Regular emails, questionnaires and parent liaison meetings enabled families to share what they thought the service did well and what improvements they would like. For example, feedback about collection and drop off arrangements had resulted in changes to this routine. The planned changes were being introduced to give parents more opportunities to spend time in the building and see inside playrooms. Leaders were receptive to feedback and many parents said they felt confident about highlighting any suggestions or improvement ideas.

Staff were engaged in ongoing improvements and were aware of the service priorities. This enabled them to understand what the service did well and what improvements were needed. The priorities in the service improvement plan were linked to good practice guidance. This meant that the changes were focused on improving outcomes for children, families, and staff. Changes and developments within the service were often recorded in floorbooks. This enabled staff, parents, and children to reflect on the changes made and any further next steps, which may be needed. Improvement planning could be further developed by staff taking on leadership roles relating to their specific interests or skills. This could enhance staff skills and confidence, while also embedding a shared understanding of the direction of improvement planning.

Processes for quality assurance were in place and were aiding some improvements. For example, there were systems to monitor medication and audit accidents. However, further work was needed to ensure ongoing quality assurance was effective and supported action to be taken where needed. For example, in relation to the aspects of the environment highlighted in key question: 'How good is our setting?' The management team should review and embed quality assurance processes as part of the overall approach to continuous improvement.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, 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.

Quality indicator 4.3: Staff deployment

Staff were enthusiastic about their roles and spoke positively about their work. They valued the positive relationships that had developed within their team and felt supported. Staff worked well together to create a positive and welcoming environment for children. One parent said, "I feel like they have a real strength in the relationships all staff build with the children and babies, there is always a lovely buzz at drop off and collection, all staff engaging with everyone coming in and knowing all the children so well".

Planned and unplanned absences were managed well. Regular and consistent staffing arrangements enabled children to develop positive, trusting relationships with staff.

The service was appropriately staffed to meet children's needs and overall deployment was effective throughout the inspection. Staff understood that continuity of care was important for children. They communicated well with each other. For example, they alerted each other if a task took them away from their responsibilities with the children. Staff had time to listen, respond, and care for children, which helped them feel valued.

There was a varied range of skills and experience across the team. Less experienced staff were enabled to develop an understanding of their role through support from seniors and induction overviews. Ongoing planned work should continue, to build on strengths and address areas of development within the staff team. For example, at times a few staff missed children's cues in play and other staff would benefit from developing their skills when supporting children who required additional support. Ongoing support and learning should be continued to ensure staff practice continues to develop and children have outcomes that are as positive as possible.

The manager had a system in place to monitor staff professional registrations. This supported children's safety and wellbeing. However, to ensure all staff are appropriately registered, staff roles and responsibilities must be clearly defined and planned for. Action was needed to ensure that staff did not carry out duties that were not in keeping with their defined employment role. The provider should ensure that any role takes account of whether the person requires a professional registration to perform the duties (see area for improvement 1).

Areas for improvement

1. To ensure children are cared for by staff registered for the roles and duties required, the provider should ensure all staff roles are clearly defined and ensure they follow guidance relating to staff registrations.

This should include but not be limited to, assessing whether the role requires registration with a professional body such as Scottish Social Service Council (SSSC).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

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

To further reduce risk of infection transmission, the manager should consider how to make handwashing practice consistent throughout all playrooms each day and in accordance with the national Covid-19 guidance by:

- providing sufficient resources for washing and drying of hands
- considering the length and frequency of handwashing
- supervising and supporting children's handwashing
- quality assuring practice

This is to ensure care and support reflects the Health and Social Care Standard 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 17 May 2021.

Action taken since then

Improvements had been made in relation to handwashing practices. Sufficient resources were in place and children were supported to wash their hands. Overall, staff engaged in effective handwashing practices. There were a few occasions where children did not wash their hands, for example, in the baby room wipes were used after eating. However, overall practice was consistent with good practice guidance. Ongoing quality assurance processes should take account of handwashing and the reviewing of infection, prevention and control measures across the service.

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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