

Poppyview Family Centre Day Care of Children

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Poppyview Family Centre (SCIO)

Service provider number:
SP2013012232

Service no:
CS2013322976

About the service

We carried out a short notice announced virtual inspection of Poppyview Family Centre on 02 February 2021 using Near Me technology. The inspection was continued on 03 and 04 February and feedback was given on February 2021.

This service was registered with the Care Inspectorate on 25 April 2014.

Poppyview Family Centre is operated by a voluntary committee, who provide a care service to a maximum of 126 children age from 6 weeks to 14 years. Of those 126 no more than 24 are aged under the age of two years and no more than 33 are of primary school age up to age 14.

The service is provided from a purpose-built building within its own grounds on the outskirts of the town of Methil, Fife. The building consists of five separate playrooms that have direct access to the large-enclosed garden, along with a separate dining room and office space.

The service aims to:

Provide childcare of the highest standard in a safe, homely, and stimulating environment.

This was a focussed inspection to evaluate how well children were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of children experiencing care during the pandemic. This virtual inspection was carried out by two inspectors from the Care Inspectorate.

We check services are meeting the principles of Getting it Right for Every Child (also known as GIRFEC), Scotland's national approach to improving outcomes and wellbeing for children by offering the right help at the right time from the right people. It supports them and their parents to work with the services that can help them. There are eight wellbeing indicators at the heart of Getting it Right for Every Child: safe, healthy, achieving, nurtured, active, respected, responsible and included.

What people told us

We used Near Me technology to observe children playing and when having snack and lunch. Children were happy and engaged in play. They appeared comfortable and relaxed, and it was clear that this was because of the warm and nurturing relationships they had with staff.

Nine parents responded to our request for feedback, using email and telephone. They told us:

"The staff are very friendly, and we really enjoy seeing everything he has been up to on 'My Learning Journal'."

"Staff maintain good social distancing and we feel safe when dropping off and collecting our child."

"My sons are safe, happy and well looked after in nursery."

"Can I suggest a virtual tour for parents of children who are moving into a new room?"

"Staff really understand and help my child who requires additional support. They support with referrals to other agencies and their development through the care plan."

"Care and support for my child mirrors home routines and we have regular communication to agree any changes to care and support."

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 and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

4 - Good

Quality Indicator 5.1: Children's health and wellbeing are supported and safeguarded during Covid-19
Key areas we assessed include the extent to which:

- children are nurtured and supported throughout their changed experience in their early learning and childcare setting
- effective communication with families enables responsive care to support children through changing circumstances.

Children appeared to be confident and happy in the family centre. They were engaged in their play and supported to make choices about what they would like to learn. Most children had settled quickly back into the service following closure due to lockdown in 2020. Staff had tailored settling in and arrival routines for children who required additional support. Parents told us that they felt their children were well supported when returning following lockdown.

Planned learning opportunities supported children to understand COVID-19 and why there were changes to routines and experiences. Children had learned about germs, how soap works and why we use it. Staff used fun and imaginative ideas to engage children in a positive way while establishing new routines.

A focus on how children were feeling helped them to relax and understand their own and others feelings during the COVID-19 pandemic. Story books and resources helped children to be able to share how they were feeling. Kind and nurturing staff helped them to understand that sometimes adults get worried and explained what we can all do to help to keep safe. Children expressed concern about elderly relatives living in care homes, who they could not visit. This led to discussions about why we need to keep elderly people safe. Children made gifts, which were delivered, following appropriate safety precautions, to residents in the local care home.

Effective communication with families meant that children's needs were supported through changing circumstances. For example, keyworker discussions with parents when children were returning from lockdown provided current information about children's development. In line with COVID-19 guidance, parents were not able to come into the service, however they were kept fully informed through a variety of ways. Photographs of play experiences were displayed in playroom windows. Online personal learning journals gave parents instant access to their child's play experiences, achievements and wellbeing information. Parents were able to add comments onto the learning journal, which enabled them to share their views. Similarly, existing relationships with other professionals had been enhanced and staff supported agreed actions to ensure that children received the right support at the right time.

The service had considered a recommendation made at the last inspection. Personal plans had been improved to reflect children's rights, choices and wishes as well as children's changing needs. However, these were not yet being used in practice and we offered suggestions to improve these further.

Quality Indicator 5.2: Infection prevention and control practices support a safe environment for children and staff

Key areas we assessed include the extent to which:

-children are protected as staff take all necessary precautions to prevent the spread of infection.

Children were supported to keep safe and healthy during the COVID-19 pandemic and were cared for in a visibly clean environment. Sufficiently increased frequency cleaning was incorporated into the service and cleaning schedules for areas where there may be higher environmental contamination rates e.g., "frequently touched" surfaces. Staff told us that additional cleaning duties were now 'second nature' and fully implemented into practice.

Precautions were taken to prevent spread of infection: following government guidance. The premises were kept well ventilated and smaller group sizes reduced the risk of spread of infection. Children accessed toys and equipment that were easy to clean. Resources such as sand and water were replaced on a daily basis or when groups changed, and soft furnishings such as throws, were used for individual children, and washed after use. Staff were aware of social distancing requirements and we suggested that they could prompt each other if they got closer than two metres apart.

There were clear expectations set around children remaining at home when unwell. Similarly, staff were knowledgeable about managing a child when displaying COVID-19 symptoms in the setting. A suitable room was available to keep the child comfortable but isolated until a parent could collect. Personal protective equipment (PPE) was available throughout the setting and staff demonstrated the use of this in accordance with guidance.

The manager responded well to our suggestions for improvement made during the inspection and implemented immediate changes, for example, she introduced separate cloakroom areas to prevent cohorts of children from potentially mixing.

We suggested to staff that they could consider reducing potential inequalities in children's oral health by considering if for some, the risk of tooth decay outweighed the risk of COVID-19. We suggested that they could consider introducing toothbrushing for some children, following the Childsmile COVID-19 guidance.

To keep everyone safe and minimise spread of infection, risk assessments and procedures could be developed to set out clear expectations for infection prevention and control practices. For example, there was scope to improve enhanced hand hygiene practice for staff and children. We advised that staff should supervise children washing their hands and provide assistance if required. **See area for improvement one.**

Quality Indicator 5.3: Staffing arrangements are responsive to the changing needs of children during Covid-19

Key areas we assessed include the extent to which:

-staffing arrangements meet the needs of children and families

-staff are well supported and confident.

The manager was covering in a temporary capacity and was new to the role. She had worked with the team to make a number of improvements, since starting the temporary position. For example, a new planning system had been introduced, which supported children to lead their learning. Similarly, she was very responsive to ideas and suggestions made throughout the inspection to make further improvements. Children's resilience and emotional wellbeing was a priority during the pandemic and staff told us that the new planning supported children to make choices about their play.

Staff felt connected and committed to their work and promoted a happy and secure environment for children. They told us that they were well supported by the management team and recognised the potential impact of COVID-19 within work and personal circumstances. They told us that they felt valued and supported during this difficult time.

Children were protected from the risk of COVID-19. All staff had completed COVID-19 and Infection, Prevention and Control training and demonstrated knowledge of COVID-19 through their practice. They were clear about their roles and were deployed effectively. Staff helped each other by being flexible in response to changing situations to ensure care and support is consistent and stable.

To ensure continuity of children's care and learning. We suggested that management prepare a contingency plan to cover all situations in the event that staff were absent due to COVID-19.

The management team were developing a quality assurance system, with support from the locally authority. To keep children safe, we suggested that they should continue to develop monitoring systems to support and upskill the staff team in respect of the changes in working practice because of COVID-19. See area for improvement two.

Areas for improvement

1. In order to ensure children are kept safe, the provider should ensure that risk assessments are effective, working as planned and updated appropriately when changes are made to relevant guidance. These should be clear and concise, detailing the potential hazards and the specific measures in place to reduce identified risks. Close attention should be given to COVID-19 risk assessments and staff practice in relation to:

- * Effective hand hygiene for children and adults.
- * Infection Prevention and Control Practices.

This ensures that care and support is consistent with the Health and Social Care Standards 5.17 which states that, "My environment is secure and safe."

2. To ensure children receive high quality care and support, the management should continue to develop their quality assurance systems to ensure these identify areas for improvement along with appropriate action. This could include:

- Robust, planned monitoring to support and upskill the staff team in respect of the changes in working practice because of COVID-19.
- monitoring, staff supervision and action planning would ensure consistently good infection, prevention, and control practice, such as effective hand hygiene procedures.

This ensures that care and support is consistent with the Health and Social Care Standards 4.19 which states that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

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 continue to develop their approaches to child led planning to support children to achieve their potential by ensuring appropriate levels of challenge and depth in play and learning. Consideration should be given to how individualisation is captured within planning. In addition, planning should be closely linked to observations in children's journals where significant learning and development as well as meaningful next steps should be recorded. These should be monitored to ensure consistent quality of written observations.

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

This area for improvement was made on 18 July 2019.

Action taken since then

This area for improvement was not fully assessed and will be looked at in more detail at the next inspection. The inspection focussed on how the service is supporting staff, children, and families to have confidence in the provision of ELC by specifically evidencing how they have implemented the national guidance for COVID-19, while ensuring positive outcomes for children.

However, we did find that improvements were being made to develop their approaches to child led planning to support children to achieve their potential by ensuring appropriate levels of challenge and depth in play and learning. We offered advice about planning and how it should be closely linked to observations in children's journals where significant learning and development as well as meaningful next steps should be recorded. We suggested that the service seek further support from the local Authority to help them with this improvement.

Previous area for improvement 2

The provider should review children's personal care plans to ensure these are clear and concise, detailing any significant changes to meet their specific learning, health or welfare needs. This could be achieved by creating a chronology which everyone understands, and which ensures they can access information which is important to them. Consideration should be made to ensure robust planning to meet specific needs with appropriate targets identified and regular review with input from relevant professionals and families. This would enable children to achieve and promote their inclusion.

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

This area for improvement was made on 18 July 2019.

Action taken since then

Steps have been made to begin this journey of improvement. The management team have reviewed and improved personal care plans, these are still to be put into practice. Wellbeing chronologies are in place for children who require additional health, wellbeing or learning support. Planning is currently being developed and is child led with developing process of focussing on children's needs. This now needs to be embedded in practice. Regular effective reviews and guidance from relevant professionals is in place to support children to achieve and promote their inclusion.

Previous area for improvement 3

The provider should review lunch time to ensure that children are having a positive eating experience and enjoying well-balanced meals. This should include:

- opportunities for children to be more independent during meal times
- improved social interactions during mealtimes and learning about food
- review of menus to ensure nutritional balance across meals, snacks and packed lunches.

Reference should be made to the documents 'Food Matters' and 'Setting the Table' available at <https://hub.careinspectorate.com>

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33).

This area for improvement was made on 18 July 2019.

Action taken since then

This area for improvement is met. A New cook started in September during the COVID-19 pandemic. She had completed health and hygiene training at level 2 since joining the service. She has developed lunch and tea to include a two-course lunch, rather than soup and sandwiches. 'Setting the Table' Is the document used to plan menus. She has introduced taster menus during the reduced numbers. This has enabled staff to determine what children like and do not like. In the kitchen there is a wall with children's photographs and allergen information. The cook plans and provides food that ensures the wellbeing and safety of children.

Positive social interactions during mealtimes, support, encouragement, promoting independence, choices given, Staff were responsive to children's requests and sat with children enabling conversations, such as, discussions about food, likes and dislikes and supporting language development.

Previous area for improvement 4

The provider should ensure all playrooms are equipped and furnished in a way that provides a consistently high-quality experience for children, ensuring appropriate presentation, sufficiency, organisation, and accessibility of materials for meaningful play. The service should reflect on and review each of the playrooms using best practice guidance suitable for the age group of children.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

This area for improvement was made on 18 July 2019.

Action taken since then

This area for improvement is met. Resources had been reduced in line with COVID-19 guidance and soft furnishings removed. All areas were available to children and playrooms were still equipped and furnished in a way that provided a consistently high-quality experience for children, ensuring appropriate presentation, sufficiency, organisation, and accessibility of materials for age-appropriate meaningful play. For example, for the younger children there were loose parts, sensory and imaginative play resources. Staff could describe lots of transporting resources. There were resources to support balance climbing skills.

Previous area for improvement 5

The provider should ensure children are cared for by staff who are highly skilled and trained, staff should reflect on their training, learning and development opportunities and identify how this can improve their practice. This should include - ensuring robust understanding and application of best practice guidance including 'Building the Ambition' and 'Pre-Birth to Three' and 'Curriculum for Excellence'.

- familiarisation and application of additional best practice documents
- looking outward through focused best practice visits to other settings.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

This area for improvement was made on 18 July 2019.

Action taken since then

This area for improvement is met. Staff have received a wide range of training. All staff have received relevant training and guidance to support to mitigate the risk of transmitting COVID-19. Newly appointed seniors have taken on leadership responsibilities. Staff were motivated and enthusiastic to learn and improve their practice.

Previous area for improvement 6

The provider should ensure that safe recruitment and robust induction is completed for all new staff. This is to confirm staff are suitable and capable for the role they are employed in and to safeguard children. Reference should be made to the document 'Safer Recruitment through Better Recruitment' document available on our hub at <https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/>

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

This area for improvement was made on 18 July 2019.

Action taken since then

This area for improvement is met. All recruitment checks were appropriate. There was a good induction pack and support from room senior. Initial and ongoing training was in place to support inexperienced staff. We suggested that management should become familiar with the new national induction resource. (Funding follows the child and the national standard for early learning and childcare provider: principles and practice).

Previous area for improvement 7

The provider should ensure that all staff interact with children in a way that extends learning and provides appropriate challenge. Staff should be vigilant to children's experiences and intervene where required to support quality of experience for all children. This would ensure all children are appropriately engaged and motivated through high quality interactions.

This is to ensure care and support is in line with the Health and Social Care Standards which state that 'I get the most out of life because the people and the organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS1.6).

This area for improvement was made on 18 July 2019.

Action taken since then

This area for improvement is met. Staff were observed interacting with children in a way that supports decision making, independence, learning, particularly around understanding about personal hygiene, germs, feelings and caring during the COVID-19 pandemic. Children were appropriately engaged and motivated through high quality interactions. For example, we observed good effective questioning used to extend language and children supported with their learning.

Previous area for improvement 8

The provider should ensure the children's personal plans are developed and reviewed at least once in every six months or when there is a significant change in children's circumstances.

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

This area for improvement was made on 18 July 2019.

Action taken since then

The new management team have reviewed and improved personal care plans, which will be reviewed every six months or sooner depending on changes.

Previous area for improvement 9

To ensure children receive high quality care and support, the management should review their quality assurance systems to ensure these identify areas for improvement along with appropriate action. This could include:

- a clear and concise improvement plan linked closely to 'Building the Ambition' and 'How Good is Our Early Learning and Childcare' to measure and assess practice
- regular involvement of staff, parents and children in evaluating the quality of the service in a spirit of genuine partnership
- detailing accountability and responsibility
- recording of progress made and more robust, planned monitoring of all aspects of service delivery linked to Health and Social Care Standards with appropriate actions identified and evaluated.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 18 July 2019.

Action taken since then

This area for improvement was not fully assessed and has been carried forward as an area for improvement. The inspection focussed on how the service is supporting staff, children, and families to have confidence in the provision of ELC by specifically evidencing how they have implemented the national guidance for COVID-19, while ensuring positive outcomes for children.

However, the management team have developed quality assurance systems and processes, with support from the local authority. Systems and processes observed demonstrated that there was attention to detail. Monitoring needs to be robust and identify areas for improvement in staff practice. For example, consistency in infection, prevention, and control practices.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
5.1 Children's health and well being are supported and safeguarded during COVID-19	4 - Good
5.2 Infection prevention and control practices support a safe environment for children and staff	4 - Good
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	4 - Good

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