

Drongan Early Childhood Centre Day Care of Children

Millmannoch Avenue
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Telephone: 01292 591521

Type of inspection:

Announced (short notice)

Completed on:

11 September 2019

Service provided by:

East Ayrshire Council

Service provider number:

SP2003000142

Service no:

CS2003016948

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Drongan Early Childcare Centre is a daycare service for children provided by East Ayrshire Council. It is situated within Drongan primary school and is managed by the Head teacher.

The service operates part day sessions and is registered to care for a maximum of 60 children: A maximum of 50 children aged from three years to those not attending primary school and a maximum of 10 children aged two to three years.

Included in the nursery's vision is "To have a sense of belonging and pride in our local community where everyone is valued and we work together to be the best we can be".

We check services are meeting the principles of Getting it Right for Every Child (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 parent(s) to work with services that can help them. There are eight wellbeing indicators at the heart of GIRFEC: safe, healthy, achieving, nurtured, active, respected, responsible, and included, also known as the SHANARRI wellbeing indicators.

What people told us

During the inspection, we observed children to be happy, relaxed and confident. They had established positive relationships with the staff team and had formed friendships with their peers. Children were keen to share their experiences with us.

We spoke with seven parents during the inspection who told us that they were happy with the care and support their children received at nursery. They spoke positively about the management team and staff and gave examples of how they had been supported by the service. Included in the comments were:

"They (the staff) care about every single child"

"They are keen to celebrate achievements"

"They treat the children all the same".

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Staff and management had created a warm environment for children and families. Parents told us that they felt welcome within the service and they could approach staff with ease. They spoke positively about the level of communication offered by the service; this included daily discussions, newsletters and regular updates posted on the information board and social media. This told us that management and staff actively involved parents in the life of the centre.

Relationships between staff and children were positive, with staff providing regular encouragement and praise to children. Children appeared happy and relaxed; they were familiar with the nursery routine and we observed them taking part, co-operating with others and listening well. Children told us that they enjoyed coming to nursery. Children were engaged in a range of play experiences and had the opportunity to develop their independence through the snack routine, personal hygiene procedures, dressing and decision making. Staff should continue to develop this.

We looked at medication procedures and found that medication was stored safely, and appropriate permissions had been sought to administer medication. However, we found that information recorded for the administration of one child's medication contradicted the guidance leaflet that accompanied the medication. We have made a recommendation under the management and leadership theme within this report that management should carry out regular audits to ensure that accurate information is recorded about the administration of medication.

Following the last inspection, we made a requirement for the service to improve how they recorded and shared child protection information. We found that paperwork had been updated for staff to report, record and refer when they had concerns and staff demonstrated an understanding of their roles of safeguarding and protecting children during discussions. However, we noted that action and updates had not been recorded within children's files which would help support their safety and wellbeing. We have continued this requirement under the management and leadership theme of this report.

We previously made a recommendation that the service should develop children's personal plans. We found that new personal plan paperwork had recently been introduced but was not yet fully implemented. We discussed the

improvements needed to the plans that were in place. This recommendation has been repeated (see recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Personal plans should be developed and the information gathered should be meaningful and used in a way that supports children's health, welfare and safety needs.

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), and in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Grade: 4 - good

Quality of environment

Findings from the inspection

The nursery playroom was bright, well maintained and had good quality furniture. Areas within the nursery were organised to maximise the use of space and allowed children to access resources independently. Quiet areas were used for reading stories or to give children time away from the main play areas. Play areas were well resourced and there was sufficient space for children to play independently or with others. We observed children playing in the home corner, making 'fairy cakes' from playdough and experimenting with paint and ice. Activities were adapted to allow children of all abilities to participate which helped create an inclusive environment. Open-ended, natural resources were provided to enhance play experiences and allow children to develop their curiosity, investigation and problem-solving; staff should continue with their plans to develop this further.

Children benefitted from regular fresh air and outdoor play. They were observed assessing and taking risks in a positive way as they climbed, balanced and negotiated how to use outdoor equipment safely. A good range of resources were available that supported children to develop their literacy, numeracy and problem-solving skills outdoors. Access to the school gym hall, play in the 'Trim trail' and walks in the local community further enhanced children's opportunities for physical play.

Snack times were observed to be a relaxed, unhurried and sociable experience for children. Children could choose when to have snack and children's preferences and dietary needs were catered for. Staff had details of individual children's allergies which supported their health and wellbeing. We saw that there were some opportunities for children to develop their independence during snack but we discussed how this could be developed further.

Facilities were in place that supported effective infection control procedures, for example; low-level sinks, personal protective equipment (PPE), suitable storage and nappy changing procedures. We asked that cleaning mops were removed from the toilet areas to prevent the risk of contamination.

We looked at the service's procedures for recording accidents and incidents and identified some gaps in the recording and auditing of accidents and incidents. We discussed how this could be improved and recommended that robust auditing is carried out which would allow management to identify and rectify any gaps in recording processes (see recommendation 1 under Management and Leadership).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of staffing

Findings from the inspection

Staff were friendly and welcoming towards children, parents and visitors; they spoke respectfully towards children and made good use of praise. Parents we spoke with found staff helpful and friendly and were pleased with the good relationships they had developed with them and their child. Staff appeared to work well together; they were respectful in their interactions with each other. We found staff to be open and honest during the inspection process. Good working relationships meant that children experienced a warm atmosphere. Staff knew the children well and were responsive to their care needs; they were kind, caring and nurturing. Weekly meetings provided an opportunity for professional dialogue and allowed staff to discuss children's needs. Staff were sensitive to individual circumstances and engaged well with children to provide the support needed for them to enjoy and learn in the nursery. Parents we spoke with gave examples of how they and their children had been supported by staff.

The service had been supported by the local authority through regular visits, consultation and training. Input from 'Excellence and Equity' leaders also helped to develop some areas of practice. However, since the last inspection, there had been a significant overturn of management and staff and this impacted on the service's ability to take forward and embed improvements. The service told us of further expected changes to staffing. They would benefit from continued support from the local authority to ensure progress.

We previously recommended that staff access training that would enable them to provide a better quality of play and care experience for children. We found that staff had accessed some training but the impact of training was not always evident during discussions or observations. The provider should continue to support staff to access training and management should monitor the impact of any training (see recommendation 1 under management and leadership). This will help staff to develop consistency around high quality approaches to play and learning experiences. Staff should also access good practice guidance to ensure that they are following the most recent practice guidance, for example, when recording incidents and accidents, and medication procedures.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of management and leadership

Findings from the inspection

Since the last inspection, a new Head Teacher had been appointed to the school and a Manager had recently been appointed to the nursery. Although the changes were relatively recent, parents and staff were optimistic and spoke very positively about the changes. They told us that the management team was very visible within the nursery and they felt confident to approach them with any concerns.

The Head Teacher had worked hard to address some of the concerns that arose from the previous inspection. School and nursery staff had built good relationships to ensure a mutual understanding of roles and a more positive transition from nursery to school. A clear management structure was in place and an action plan helped to identify priorities for improvement. However, while management could identify areas for improvement, progress had been hindered by staffing changes.

The management team had begun plans to monitor the service which would allow them to identify areas for improvement, and any support needed, but this was still to be embedded. They should continue with their plans to carry out a robust monitoring system that will allow them to identify any gaps in systems and processes. This should include monitoring of accident and incident records, medication records and staff practice (see recommendation 1).

Following the last inspection, we made a requirement for the service to improve how they recorded and shared child protection information. While some improvements had been made, we found that some actions and updates had not been recorded and are reported under the care and support theme of this report. The reporting structure should clearly identified and all staff should be made aware of their roles and responsibilities within it. We have continued this requirement (see requirement 1).

We looked at the service's policies and procedures and noted that some had recently been reviewed. We discussed some areas for improvement and suggested that the service continue to develop policies and procedures, involving staff and parents in the process.

Requirements

Number of requirements: 1

1. By 4 October 2019, the management team should devise a reporting structure for child protection concerns that clearly identifies staff roles and responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm." (HSCS 3.21) and in order to comply with

Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 1

1. More robust and effective procedures should be implemented by management to monitor all aspects of the centre and identify areas of improvement.

This is to ensure that 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)

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The management team should ensure that they record child protection information in a way which makes it clear what concerns have arisen. This information should be clearly communicated with all agencies and used to improve outcomes for children and families.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/ 210 Regulation 4 (1) (a) Welfare of Service User.

Timescale for meeting this requirement: 1 June 2018.

This requirement was made on 17 September 2018.

Action taken on previous requirement

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"Lead staff, SELCP and the Development Officer, have reviewed all the children currently attending the ECC to determine who required a Care and Welfare file.

A number of new Care and Welfare files have been created for children aged 3-5 as documentation was stored in the PPR filing system.

Care and Welfare files have been created for all 2 year old children who attend the ECCC and were referred through the RAG process.

Each file now contains a case content sheet outlining the child's details and details of all the services involved with the child.

Each file now contains an access sheet indicating who accesses the file and why.

Clerical staff have been provided with a guide to Care and Welfare files to ensure documentation is filed in the appropriate section.

Chronology paperwork has been reviewed and now contains a column labelled actions.

The vast majority of what would be entries to a Care and Welfare chronology are entered on the SEEMIS system on pastoral notes.

These notes can be printed at any time if required.

Major events, minutes form meetings, child's plans are shared on Ayrshare as appropriate. This is the responsibility of the Lead Professional/Lead Person.

Should files be removed from the ECC office they need to be signed out and signed back in again with relevant dates.

These systems mirror what is being put in place in Drongan Primary School".

We sampled child protection files and found that improvement was still required. Staff roles and responsibilities were unclear and records did not show what action had been taken in relation to concerns.

Not met

Requirement 2

The provider must improve the information gathered about medication. The service must ensure that they gather the correct information about medication, store it correctly and ensure all permissions for administering medication is completed.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/ 210 Regulation 4 (1) (a) Welfare of Service User.

Timescale for meeting this requirement: 1 June 2018.

This requirement was made on 17 September 2018.

Action taken on previous requirement

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"Lead staff, SELCP, First Aider, Development Officer reviewed the administration of medication documentation.

The Care Inspectorate Hub and EAC documentation was considered in creating new more robust paperwork.

New documentation specifies the medication, dosage, whether it has been used yet or not, method of storage, doses missed, reaction to medication etc – see attached.

Parents/carers are made aware that ECC staff only administer prescription medication.

Parents/carers must sign paperwork agreeing to the administration of medication.

Paperwork is completed by parents/carers in the office.

Information is shared with staff members as required.

Two members of staff must be present to administer medication – the First Aider is usually one of these.

Paperwork must be completed on the administration of medication – the two staff present must sign and date.

Parents/carers sign for administration of medicine on pick up.

Drongan Primary School has not adopted very similar documentation.

Changes were brought to the staff team on 4th Sep 2018 and approved.

Everyone is aware of the system and how to complete the documentation.

The medication of individual children is stored in individual plastic boxes labelled with the child's name and photograph.

Paperwork related to individual children is stored in their own box with a copy filed in the office.

Boxes are stored in a high cupboard in the playroom for easy access.

The First Aider has responsibility for ensuring medication is in date.

The First Aider is responsible for returning unused medication to the parent/carer. Signatures and dates are required for this".

We looked at medication procedures and found that medication was stored safely, and appropriate permissions had been sought to administer medication. However, we found that information recorded in relation to administration of one child's medication contradicted the guidance leaflet that accompanied the medication.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Personal plans should be developed further and the information gathered should be meaningful and used in a way that supports children.

Health and Social Care Standards - Standard 1.15 Responsive Care - Assessing my care and support needs.

This recommendation was made on 17 September 2018.

Action taken on previous recommendation

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"Personal plans for both the 2-3 room and the 3-5 room have been reviewed and developed by the whole staff team.

In undertaking this piece of work the team looked outwards to other EAC establishments where good practice was identified by HMIE and/or the Care Inspectorate.

Personal Care Plans are completed with parents/carers within 28 days of a new child attending Drongan ECC - this was always the case.

The SHANARRI indicators are of key importance in personal plans.

In consultation with parents/carers personal targets are identified for individual children ensuring a link between home and ECC to benefit outcomes for children.

Children are also consulted about their own targets as appropriate. The aim is that our children will be able to set their own targets as they become familiar with the process and have ownership of their learning journals.

Personal targets are placed in the child's learning journal while the care plan containing confidential information is stored securely".

We found that new personal plans had recently been developed but were not yet fully implemented. We discussed the improvements needed to the plans that were in place.

This recommendation is repeated.

Recommendation 2

The staff and the management team should re-evaluate their approach to risk. They should ensure children are encouraged to take positive risks. Staff should enable children to make decisions about risks, and have opportunities to partake in risky play while ensuring there are strategies in place to keep them safe.

Health and Social Care Standards – Standard 5: I experience a high quality environment if the organisation provides the premises.

This recommendation was made on 17 September 2018.

Action taken on previous recommendation

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"This recommendation was shared with members of staff at the August in-service day highlighting that practice had to change.

All staff were subsequently provided with their own copy of the inspection report.

3-5 ROOM

Access to outdoor play has changed giving children the freedom to move as readily as possible between indoors and out.

Two members of staff available for outdoor play depending on numbers of children who wish to access this opportunity.

Children are taking responsibility for marking themselves indoors or out using a reintroduced system.

Staff have been more dynamic in taking children outwith the confines of the fenced area allowing them to explore the environment outdoors more fully looking at wildlife and building dens.

Children have been assessing their own risk in the construction area facilitated by a member of staff. They are on the process of writing their own rules for the construction area. – Sep 2018

ECC – BOTH ROOMS

Staff discussed safety issues in regards to spillage etc in both playrooms with children. Children have been encouraged to take care of the environment around them.

Tidy up music has been introduced in the 2-3 room.

Additional safety mats have been purchased for both play rooms.

Staff have been strongly advised not to close down play – only in exceptional circumstances".

During the inspection, children were observed assessing and taking risks in a positive way as they climbed, balanced and negotiated how to use outdoor equipment safely.

This recommendation is met.

Recommendation 3

The provider should support staff to access training around current best practice guidance in particular My World Outdoors, Pre-Birth to Three and Building the Ambition to enable staff to provide a better quality of play and care experience for children.

Health and Social Care Standards – Standard 1.15 Assessing my care and support needs

This recommendation was made on 17 September 2018.

Action taken on previous recommendation

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"Lead members of staff are providing weekly input/training at staff meetings on floor book planning, personal care plans, group time planning, Building the Curriculum, 7 principles of curriculum design, ASN contextualised assessment, Learning Journals. This is evidenced in staff minute meetings and in the systems starting to be implemented.

Work undertaken on Excellent Lesson/Experience as a foundation for monitoring staff performance. Staff team consulted Sep 2018. and amended proforma to suit Drongan. Parents/carers currently being consulted on this material. Monitoring sessions will result in actions for the individual staff members to address any potential issues with learning and teaching. Monitoring sessions planned for early Oct, Nov and Feb/March.

One member of staff attending 2 year old training in EAC 10.10.18.

Visits to other establishments both within and outwith EAC are to be planned next term to enable staff to observe recognised good practice.

WHOLE STAFF TRAINING

Second member of staff trained as Communication Champion Aug/Sep 2018

Speech and language therapy training planned for 09.10.18

Building the Ambition training re 2 year old children planned for 22.10.18

Building the Ambition training re curiosity – Toddlers planned for

Building the Ambition training re curiosity – Young Child planned for

Building the Ambition training re communication – Toddlers planned for

Building the Ambition training re communication – Young Child planned for

Self-evaluation sessions using HGIOELC/HGLOS4 is included in the collegiate calendar with the whole staff team coming together".

We found that staff had accessed some training but the impact of training was not always evident during discussions or observations.

This recommendation is continued.

Recommendation 4

More robust and effective procedures should be implemented by management to monitor all aspects of the service.

Health and Social Care Standards – Standard 4: I have confidence in the organisation providing my care and support.

This recommendation was made on 17 September 2018.

Action taken on previous recommendation

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"See above and attached:

Care and Welfare files documentation reviewed and amended.

ASN procedures and files reviewed and amended.

ASN calendar in place.

Child Protection procedures and recording reviewed and amended.

Personal Care Plans reviewed and implemented following consultation with parents/carers. To be updated at parent/carer progress meetings in November and May.

Group time planning reviewed - to be monitored in conjunction with Excellent Experience.

Floor planning process - redelivered - reviewed monthly.

7 principles of curriculum design reintroduced to staff team to aid evaluation of learning.

Excellent Experience - staff monitoring to start in October 2018 following work on documentation. To be reviewed three times per academic session.

Quality Assurance Calendar in place".

The management team had plans in place to carry out monitoring and identify areas for improvement but this was yet to be fully embedded. This recommendation is continued.

Recommendation 5

The provider should now implement a strategic approach to identifying areas for development in the service, develop an action plan and continue to support the service as it moves forward.

Health and Social Care Standards - Standard 4.23: I use a service and organisation that are well led and managed.

This recommendation was made on 17 September 2018.

Action taken on previous recommendation

The service submitted an Action plan to the Care Inspectorate on 5 October 2018. They wrote and told us:

"A full action plan for Drongan Primary School and ECC has been created by lead members of staff including the Acting Head Teacher, the Senior Education Group Manager, Development Officers and the Senior Management Team of the establishment.

The whole staff team will be consulted on, amend as necessary to ensure a good fit for Drongan and contribute to this action plan as it is implemented.

Key pieces of work have already been undertaken, see above and attached as these were clearly indicated in the inspection report".

The service had submitted an Action plan to the Care Inspectorate and an improvement plan was in place. Both plans detailed their intended actions to address areas for improvement. We noted that the local authority had offered a good level of support to the service through regular visits, training and professional dialogue.

This recommendation is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
30 Apr 2018	Announced (short notice)	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 2 - Weak
28 Feb 2017	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing Not assessed Management and leadership Not assessed
18 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
27 Oct 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Nov 2008	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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