

Gylemuir Community Playgroup Day Care of Children

Gylemuir Community Centre 10 Wester Broom Place Edinburgh EH12 7RT

Telephone: 07704 140 071

Type of inspection:

Unannounced

Completed on:

1 April 2021

Service provided by:

Gylemuir Community Playgroup

Service provider number:

SP2006008573

Service no: CS2006134897



Inspection report

About the service

Gylemuir Community Playgroup is registered to provide a care service to a maximum of 25 children from two years to school entry.

The service is located in Gylemuir Community Centre. The portacabin premises provides a large playroom space with a kitchen area, cloakroom area, toilets and an office. An enclosed garden sits at the front of the portacabin with direct access from the main door.

The service states its aim as: "Gylemuir Community Playgroup will offer a caring and relaxed atmosphere for all children, they will be made to feel welcome and are free to play with all toys and play equipment made available to them both inside and out'.

We carried out an unannounced inspection on Monday 22 March 2021 9:40-12:00. We also had telephone discussions with the staff, manager and chairperson.

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 inspection was carried out by one inspector from the Care Inspectorate.

What people told us

We invited parents to contact us with feedback of their family's experience with the service. We received five email responses from parents. All were complementary about the quality of care and support provided during COVID-19. Parents said:

"Firstly I would like to mention how kind and supportive the staff are at Gylemuir. They used the outdoor area for part of the settling in process which allowed my child to start the separation process with the security that we were just outside. The staff know all the distraction tricks and I am reassured that they are caring when my child tells us how they cuddle him and support him."

"The staggered pick up times are great and no contact at drop off, limited number of children, children go straight in and wash their hands before touching the toys and before snack."

"The staff at playgroup have been absolutely amazing with him and support him so well in settling back in."

"I was very impressed with the welcome on her first day, very informative, clear and concise."

"My only one concern, is that when parents are dropping their children off, there are no face masks being worn. This I know is out of the playgroups hands. I would prefer to see parents wearing face masks while queuing and dropping off, for each other and the safety off staff."

"The staff were great at providing detailed information regarding the settling in process and about the changes within playgroup. I felt very happy leaving my daughter at playgroup knowing that she was safe and well cared for."

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?	3 - Adequate

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?

3 - Adequate

Quality indicator 5.1: Children's health and wellbeing are supported and safeguarded during COVID-19.

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 returned following COVID-19 lockdown, to a familiar space and nurturing staff. This supported them to settle quickly and feel assured when leaving their parents. New children benefited from garden visits and the use of photographs to build relationships and become familiar with the setting and resources. Whilst children were engaged in their play during our visit, we encouraged the service to consider the layout of the room and the resources on offer to enhance the quality of the play experience. In particular we would advise opportunities for exploration and discovery where children can problem solve, be imaginative and make use of real and natural objects in play.

The service also agreed to consider how to ensure children's play experiences were not greatly impacted by the COVID-19 guidance. Core experiences such as sand, water and dough should still be available with some planning. Practical tasks such as cleaning could be considered but not prioritised. This would ensure staff can focus on their role in meeting children's wellbeing and learning needs.

Regular information sharing with parents meant that care was responsive to each child's needs. Children were kept safe and healthy as staff communicated well with each other and families to ensure care was consistent. Since the last inspection the service had improved the type of information held in children's personal plans. This information was beginning to be used by staff to plan for children's needs, however the monitoring of progress was not as developed. We issued an area for improvement to support further development of personal plans (area for improvement 1).

Snack was a sociable experience where children and staff sat together to eat and chat. The usual approach where children decide when to have snack did not happen during our visit, due to a birthday. Children enjoyed celebrating their friends day. Whilst the snack food was healthy, it was not prepared according to choking prevention best practice. We issued an area for improvement to support the service to address this (area for improvement 2).

5.2: Infection prevention and control practices support a safe environment for children and staff. Children are protected as staff take all necessary precautions to prevent the spread of infection.

Children were cared for in a ventilated environment which was visibly clean and well-kept. The risk of COVID-19 transmission was reduced as regular cleaning of commonly touched surfaces took place. Risks were further reduced as staff physically distanced from each other and practised effective handwashing. Children were supported to wash their hands as part of their learning experience. Staggered drop-offs and collection times were introduced to enable parents to distance from each other outside. Feedback from a parent during the inspection prompted the manager to reissue guidance to parents regarding the use of face masks when dropping off and collecting children.

A COVID-19 agreement was used to offer clear information and direction to parents if their child was symptomatic. Staff knew the procedure to follow if a child became unwell in the setting, in order to keep everyone else safe. The service agreed to consider the room used for isolating an unwell child. This room should be easily cleaned after use.

As part of the room layout review, we also encouraged the service to consider the positioning of the snack tables to ensure they are further away from the toilet door. Commitment to these developments was shown as the manager made small changes during the inspection.

5.3: Staffing arrangements are responsive to the changing needs of children during COVID-19.

The service had a change of manager during the pandemic who had worked to implement the national COVID-19 guidance into risk assessments and procedures. Staff felt supported in their return to work through COVID-19 training, being involved in planning and preparing the service and the regular updates from management.

Methods to assure quality required further development. There was some evidence of staff reflecting on their practice leading to improvements however this was inconsistent and informal. We discussed the benefits of monitoring practice to help identify, track and review progress. Recorded discussions and agreed tasks would offer a structure to do this. For example, staff have COVID-19 knowledge from their training, however monitoring methods support consistent practice throughout the team. We have issued an area for improvement specifically for COVID-19 quality assurance to support improvement with this (area for improvement 3).

The manager has agreed to ensure all staff are appropriately registered for their position in the service, with the Scotlish Social Services Council.

Areas for improvement

1. Children's personal plans should be further developed to set out needs, wishes and choices and how these will be met. Children's progress can then be monitored, reviewed and continuously planned for.

This is guided by Health and Social Care Standard 1.15 which states "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" and standard 1.14 which states "My future care and support needs are anticipated as part of my assessment".

2. In order to keep children safe, the manager should implement best practice from the document Good Practice Guidance: prevention and management of choking episodes in babies and children.

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

3. The manager and provider should consider how to monitor, audit and review COVID-19 practices in accordance with the national guidance. This would support consistent practice throughout the service.

Inspection report

This is guided by Health and Social Care Standard 4.19 which states "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/manager should ensure each child has a personal plan and record of achievement in place that shows children's individual needs, progression and next steps.

National Care Standards early education and childcare up to the age of 16 Standard 6 Support and development

This area for improvement was made on 20 March 2018.

Action taken since then

Each child had a personal plan showing individual needs. Since last inspection the service introduced an achievement profile for each child which shows examples of their work. A floor book was used to record play interests and plan new ideas. We discussed ways to individually plan for meeting children's needs to provide consistency and a method of tracking progress with identified needs.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
5.1 Children's health and well being are supported and safeguarded during COVID-19	3 - Adequate
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	3 - Adequate

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