

Auchterless Pre-school Playgroup Day Care of Children

Auchterless Village Hall
Kirkton of Auchterless
Auchterless
Turriff
AB53 8BG

Telephone: 01888 511 066

Type of inspection:
Unannounced

Completed on:
20 June 2022

Service provided by:
Auchterless Pre-school Playgroup

Service provider number:
SP2003000413

Service no:
CS2003002536

About the service

Auchterless Pre-school Playgroup is situated in the village hall of Auchterless village. The playgroup is registered to provide a day care of children service to a maximum of 20 children at any one time aged from two years to those not yet attending primary school.

The playgroup has exclusive use of the large hall, kitchen and toilet facilities of the village hall. An enclosed outdoor area adjacent to the hall provides opportunities for outdoor play. This area was not in use during the inspection due to ongoing building work.

About the inspection

This was an unannounced inspection which took place on on 16 June 2022 between 09:00 and 13:00 and on 17 June 2022 between 09:00 and 13:15. 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 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
- spoke with three families
- received feedback by email from seven families
- spoke with staff, the manager and chairperson of the committee
- observed practice and children's experiences
- reviewed documents.

Key messages

- Staff fostered positive relationships with families.
- Lunch and snack routines need to be reviewed and improved.
- Risk assessment of potential risks and hazards requires improvement.
- Staff were working to improve the learning environment.
- Management time should be prioritised to ensure improvements bring about positive change and outcomes for children.

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?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. We found strengths, however, these were impacted by improvements that were needed to maximise consistent positive experiences and outcomes for children.

Quality indicator 1.1: Nurturing care and support

Children benefited from warm, nurturing relationships with staff. Staff responded kindly to them and supported personal care sensitively. Staff spent time talking to families about children's routines and how these could be supported in the setting. This helped children and families feel valued and respected. One parent told us that staff had supported their child to settle at their own pace and another described staff as: "caring and intuitive."

Children's wellbeing was supported by the use of personal plans. However, information recorded in these was inconsistent. They did not always provide staff with enough information about children's needs or how these were being supported. We discussed the importance of the manager overseeing the use of personal planning to ensure that sufficient detail was recorded to benefit all children fully. Guidance available on the Care Inspectorate Hub: "Guide for Providers on Personal Planning - Early Learning and Childcare".

Children had limited opportunities for enjoyment and developing their social skills during lunch and snack time. Children were not effectively supervised, as staff did not always sit at the table with the children and some children ran from the table. This posed a potential risk of choking or children being able to access foods they were allergic to.

Children were encouraged to serve themselves fruit, however, there were few opportunities for independence. Packed lunches brought from home provided children with their preferred options. However, children were not always encouraged to make healthy food choices and ate sweets and cakes instead of and before healthy options. The issues at meal/snack times were discussed with the manager who agreed to take immediate action and ensure the experience was more positive and safer for the children (see area for improvement 1).

Children's medication was not always stored in a way that promoted safe administration. Some information was incomplete and some medication was not kept in labelled boxes which risked medication being administered to the wrong children. This was rectified during the inspection. The manager agreed to carry out regular audits of medication storage and documentation to ensure the health, safety and wellbeing of children at all times. Guidance available on the Care Inspectorate Hub: "Management of medication in daycare of children and childminding".

1.3 Play and Learning

Children enjoyed a free choice of activities and staff supported children who were less confident in their choices. We observed missed opportunities for children's learning to be supported and extended. For example: staff helped to set up a fishing game, but focused only on making sure the children all had a rod. No further conversations took place to support their exploration or learning.

Children experienced some opportunities for developing language, literacy and numeracy. For example: a clipboard in the block corner and a selection of books in the story corner. However, staff did not always encourage children to use resources to provide high quality learning experiences. This resulted in missed opportunities for spontaneous learning.

There were few opportunities for children to lead their play. No formal planning for intentional learning was in place. This meant children were not sufficiently stimulated and challenged in their play.

Children's learning profiles contained written observations of their achievements along with next steps. These were inconsistent, resulting in some children's learning being planned for better than others. The manager should oversee all learning profiles to ensure a consistent approach that links to activity plans and meets the needs of all children (see area for improvement 2).

Areas for improvement

1. To ensure children experience safe and nurturing mealtimes and snack, the provider and manager should ensure:
 - children are effectively supervised and supported at all times
 - children are encouraged to make healthy food choices
 - opportunities to develop children's independence and social experience are improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"I take part in daily routines, such as setting up activities and mealtimes, if this is what I want" and "I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible".

Please see:

"Food Matters: Nurturing happy, healthy children" on the Care Inspectorate Hub.

2. To ensure children's learning is relevant, personalised and sufficiently challenging for their stage of development, the provider and manager should ensure:
 - activity plans and planned learning are child centred and responsive to children's interests and life experiences
 - a consistent approach to individual next steps for learning linked to activity plans and meet the needs of all children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials".

How good is our setting?

2 - Weak

We found areas for improvement which may compromise the welfare or safety of children. We, therefore, assessed this key question as weak.

Ongoing external building work meant children were playing in an area with significant hazards. Children played within close proximity to a busy road; they had potential access to the entry/exit gate and the fencing was unsafe. The area had not been effectively assessed to identify potential risks to children.

The manager was not confident in undertaking risk assessment of the environment to help keep children safe and well (see requirement 1). We discussed these concerns with the provider and the manager and immediate action was taken to stop using this area.

Children played in the large hall, which provided children with a bright, airy space. A large selection of resources were available, which were of mixed quality. The home corner was well equipped and organised to allow children to make choices. The block corner provided good opportunities for open ended play, with a selection of different sized blocks and cardboard boxes. The story corner was furnished with a comfy sofa where adults and children sat together to look at books. These areas provided stimulation and interest to promote children's play.

Other areas did not reflect children's interests. This included sand and water play, where too many toys in the trays prevented children from making choices to support their learning. The long row of tables in the centre of the room did not always contain activities and limited children's choices. Staff had recently been working on improving the learning environment. It is important that work continues to promote children's curiosity and interest in all areas of their learning.

Children were protected by effective infection prevention and control measures. Children's packed lunches were stored in the fridge and staff followed hygiene procedures during personal care and at meal times. This helped provide confidence in their ability to keep children well and prevent the spread of infection.

Requirements

1. By 17 June 2022 the provider must ensure the safety of children in the outdoor area.

To do this, the provider must at a minimum ensure that:

- the outdoor area is not used until it is safe and suitable for children's use
- effective risk assessments are undertaken prior to the children accessing the outdoor area.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"My environment is secure and safe".

How good is our leadership?

3 - Adequate

This key question was assessed as adequate. We found strengths which may have a positive impact. These were, however, outweighed by weaknesses likely to impact on children's outcomes.

Families were positive about the friendly ethos of the setting, telling us that they liked the: "community feel" of the playgroup. The setting's vision: "living and learning in a friendly, rural setting, developing through play to become confident learners" reflected the positive relationships between staff and families. This helped families to feel included and valued. We spoke with two committee members who spoke positively about their roles in the committee and their support for the setting.

Families benefited from good communication systems and procedures. These included: 'WhatsApp' messaging, a closed Facebook page and regular newsletters. A welcome pack provided parents with useful information when their children start playgroup. Parents were invited into the setting to view their children's learning profile and discuss their children's progress. Positive communication between staff and parents helped promote working together to meet children's needs.

A recommendation was made at the previous inspection in relation to staff being encouraged to review professional development. Staff were able to discuss training they had attended, however, this knowledge was not always reflected in their practice. For example: on the first day of the inspection there were few opportunities for mark making and supporting children's creativity. This improved on the second day of the inspection, however, staff should be given opportunities to discuss training and share ideas for improving practice to provide consistently positive outcomes for children (see area for improvement 1).

At the previous inspection we identified that the service should improve their self-evaluation to help deliver high quality care and support to children. The local authority were supporting them to evaluate their practice and plan improvements. Staff had recently started to use: 'Realising the Ambition: Being Me' to evaluate practice during staff meetings. They were aware of the 'Quality Framework for daycare of children, childminding and school aged children'. We discussed the importance of staff becoming more familiar with this document to help evaluate their practice and influence positive change and outcomes for children. Parents' views were sought by online questionnaires. Responses were mainly positive and staff should continue with plans to analyse these to help identify any areas for improvement.

The manager had a realistic view of the improvements that were needed to positively influence outcomes for children. Improvement plans detailed the actions required to achieve their goals, helping to provide a shared vision. The setting had previously engaged with the Care Inspectorate's improvement programme. The manager identified some benefits from this in helping them prioritise areas for improvement.

Annual staff appraisals provided some quality assurance of staff practice. Regular supervision sessions were not taking place to support staff to develop their practice and identify training needs. The manager recognised the importance of regular staff supervision and support and agreed to implement more formal arrangements.

The time the manager had allocated to spend on managing and developing the service was under review. Inconsistencies in practice were not fully identified and improvements with planning needed, including auditing and monitoring practice, improving the learning environment and ensuring that staff skills were embedded in practice. The manager needs to effectively lead and support high quality learning and make the necessary improvements to bring about positive outcomes for children. We discussed the benefits of further management training in increasing their confidence in this area (see area for improvement 2).

Areas for improvement

1. To ensure positive outcomes for children, the provider and manager should ensure there are opportunities for staff to discuss training and knowledge. They should then use this learning to improve their practice to provide consistently high quality outcomes for children.

This is to ensure staffing 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).

2. To ensure that high quality learning through play is at the heart of all improvements the provider and manager should:

- a) develop robust quality assurance and performance management processes
- b) access training, learning and development to help provide confidence in the leadership role
- c) undertake meaningful self evaluation with staff, parents and children
- d) ensure there is an effective improvement plan in place that is fully implemented.

This is to ensure staffing is consistent with the Health and Social Care Standards which state that: "I use a service and organisation that are well led and managed".

How good is our staff team?

4 - Good

This key question was assessed as good, where a number of important strengths clearly outweigh areas for improvement.

Children were cared for by an appropriate number of staff. The manager acknowledged recent challenges with covering staff absences. Plans to recruit a relief member of staff will help to alleviate this situation and ensure that sufficient staff to child ratios continue to be maintained at all times.

Outcomes for children were supported by staff who communicated well about daily routines. When children were absent, staff worked together to ensure that the relevant information was passed on and recorded. There was, at times, less effective communication about children's development. Some children had not had their developmental needs shared sufficiently to promote positive outcomes. We discussed the importance of the manager overseeing all communication about children's development to ensure a consistently positive experience for children and their families.

Teamwork was not always sufficient to support developments and improve children's experiences. The manager recognised the importance of peer support within the staff team. They were planning for staff to develop responsibilities within key areas of the setting. We encouraged them to continue with these plans and discussed the benefits of creating opportunities for staff to share knowledge and assess each other's practice. This will increase staff confidence in ensuring that children's experiences are positive and promote high quality learning experiences.

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

Children's personal plans should be reviewed to ensure they clearly outline how children's health, welfare and safety needs will be met. Plans should contain all essential information to support staff to meet children's daily care needs. Plans should also be regularly monitored by the manager to ensure consistency in staff recordings.

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 "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 7 October 2021.

Action taken since then

Children's personal plans had been developed, however, the information recorded was not always sufficient to fully support children's needs. We have asked the manager to oversee children's personal plans to ensure that enough detail is recorded to benefit all children fully.

This area for improvement has been partly met.

Previous area for improvement 2

The manager should ensure that children's personal profiles (learning journeys) include reflective and evaluative observations of the children's play and learning. Staff should meaningfully log children's progress and identify and support their next steps in learning. This will make it easier to track children's progress (restated from the previous inspection).

"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 7 October 2021.

Action taken since then

Children's learning profiles contained written observations of their achievements along with next steps. These were inconsistent, resulting in some children's learning being planned for better than others. We have asked the manager to oversee all learning profiles to ensure a consistent approach that links to activity plans and meets the needs of all children.

This area for improvement has been partly met.

Previous area for improvement 3

The provider and manager should further develop their process for undertaking staff professional development reviews. This will ensure that staff are provided with the opportunity to discuss their professional development and identify individual achievements and areas for further development.

This is to ensure staffing 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 7 October 2021.

Action taken since then

This area for improvement was not met and has been restated.

Previous area for improvement 4

The service should use recognised self-evaluation tools and good practice guidance to develop and implement systems and processes to support robust quality assurance systems. This will support the service to look at what they are doing well, how they could improve and how to take forward changes. This work would have a positive impact on the quality of children's experiences.

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

This area for improvement was made on 7 October 2021.

Action taken since then

The service uses the local authority self-evaluation tool and "Realising the Ambition: Being Me" to identify areas for improvement. The manager has a realistic view of improvements that are needed.

This area for improvement has been met.

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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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