

Little Flyers @ Broxburn Day Care of Children

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Type of inspection:
Unannounced

Completed on:
4 August 2022

Service provided by:
We Care for Children Limited

Service provider number:
SP2010011353

Service no:
CS2011280406

About the service

Little Flyers @ Broxburn is registered to provide care to a maximum of 80 children at any one time between the ages of birth to entry into high school; with a maximum of 15 children under two years; and a maximum of 30 primary school aged children.

Care is provided from a two story building located in a residential area of Broxburn. The ground floor play rooms are occupied by the 0-2 and the 2-3 age group. The upstairs level is occupied by the 3-5 age group and the after school service. Children also had access to a large secure garden to the rear of the property. The service is close to local amenities, schools and green spaces.

About the inspection

This was an unannounced inspection which took place on 03 August 2022. 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 and observed children using the service
- received written feedback from ten families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Feedback was given via video call on 04 August 2022.

Key messages

Children experienced warm, caring, nurturing approaches to support their overall wellbeing.

Staff knew children well and positive relationships had been built.

Children had access to inviting spaces that offered a variety of resources.

The service needed to make improvements to key areas of practice to support the health and wellbeing of children.

The service needed to develop their partnership working with other professionals to support individual children's needs.

The service needed to develop effective ways of meaningfully involving families in the life of the setting and ongoing improvements.

Quality assurance systems needed to be further developed to ensure they have an impact on the quality of the service for children and families.

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?	4 - Good
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. While the strengths had a positive impact, key areas need to improve.

QI 1.1 Nurturing care and support

Children experienced warm, caring, nurturing approaches to support their overall wellbeing. We observed quality interactions and staff sensitively responded to children's needs. Positive relationships had been developed and staff knew children well. Relationships were enhanced as staff were asking children about specific family members, holidays that they had just returned from and special events that had taken place recently. As a result, children felt valued, important and respected.

The quality of personal plans varied across the service. One parent shared, "I have signed several care plans over the two years my child has attended. None of these care plans appear to have been recorded or shared with staff". Personal plans sampled in the younger age groups showed inconsistencies with the information recorded. For example, a child's healthcare information relating to allergies was not detailed on the most recent personal plan. This could result in children experiencing inconsistent care that does not meet their current needs. Staff should ensure that all personal plans are reviewed in partnership with families and contain detailed support strategies for individual children to support consistent practice (See requirement 1).

We found inconsistencies in the management and storage of medication. For example, not all medication was stored in line with current good practice guidance and did not contain a clear stepped approach for staff to follow. To support this area of practice we directed the service to the Care Inspectorate website and 'Hub' and the document, 'Management of medication in daycare of children and childminding services'. The service should ensure that they hold relevant and detailed information to ensure that children's healthcare and medical needs are met. The service should also develop their monitoring systems for all medication. This will contribute to children's overall safety and wellbeing (See requirement 2).

Sleep routines reflected individual families wishes. Children were sensitively supported to rest and sleep when they chose to. Staff understood and followed procedures in place, including regularly monitoring children as they slept. We discussed with the service the need to review the equipment that some children slept in. For example, we observed children sleeping in pushchairs in the garden area. The service should review their sleep policy and sleep routines for their youngest children. This will contribute to children experiencing safe, comfortable sleeping arrangements that support their overall wellbeing. To support this area of practice we directed the service to the Care Inspectorate 'Hub' and the Scottish Cot Death Trust good practice guidance, 'Reduce the Risks of Cot Death, Early Years Safe Sleeping Guide' (See area for improvement 1).

Children experienced calm, relaxed unhurried mealtimes. Staff sat with children and used this as an opportunity to develop relationships and important communication skills. We did see examples of children self-serving their own lunches and snacks, however this was not consistent across all spaces. For example, children in the holiday club and the toddler room were not given the opportunity to develop important independent skills at lunchtime or snack time. We discussed this with the service and they were keen to review the mealtime experience for all children, to develop their independence and confidence during daily routines.

We found evidence where the service had not linked with other professionals to support positive outcomes for children and families. For example, key information had not been passed on as a child had transitioned out of the service. Where staff had engaged with other services, their expertise and recommended support strategies were not being used consistently to support individual children. One parent told us, "My child has a speech and language therapist and their experience of the service is that staff are not following the plan that she is putting in place for my child". The service should build links with families and other professionals to identify appropriate next steps and strategies based on individual needs and prior learning. Management should ensure that this information is used consistently and effectively by all staff to support positive outcomes for children and families (See area for improvement 2).

QI 1.3 Play and learning

Children were having fun and most children were engaged in a variety of play opportunities. Staff were trying to support and extend children's play through effective questioning. However, we did see many missed opportunities where children's play was interrupted or stopped due to staff's lack of understanding of how children learn. For example, children in one room were not effectively supported to follow their own learning when they showed an interest in mixing sand and water. Staff would benefit from revisiting their child development knowledge and how children play and learn. This will support them to better understand the critical role they hold in supporting children's current interests, curiosities and promoting their learning and development (See area for improvement 3).

Staff had introduced planning approaches however these needed to be further developed to ensure that they were child centred and responsive to children's interests. We sampled children's electronic learning journals and found gaps in the recording and assessment of children's learning. Quality observations were not being taken on a regular basis and therefore these were not informing children's next steps or showing progression in learning. One parent told us, "There is very limited communication from staff in terms of advising on progress and developments". We would recommend that the service continue to develop their planning cycle. Management should ensure staff have a sound knowledge and understanding of their role in observing and planning for children's learning. We directed the service to the Care Inspectorate 'Hub', to access good practice guidance to inform and support this area of practice (See area for improvement 4).

Requirements

1. By 16 September 2022, the provider must ensure that all children's health, welfare and safety needs are met. Sufficient information must be gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs and how these will be met. This will support staff to plan children's care based on up to date and reliable information. The Care Inspectorate 'Hub' and guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare' (2021) should be accessed to support this.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) 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 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).

2. By 16 September 2022, the provider must ensure children's health care needs are managed effectively to promote their safety and wellbeing.

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

- a) ensure medication is stored, managed and administered in line with the guidance; 'Management of medication in daycare of children and childminding services'
- b) ensure information held relating to children's health care needs and/or medication includes all relevant details relating to the medication/health care need. This would include any emergency measures to be taken
- c) ensure information is agreed with parents and reviewed by parents when required and as a minimum each term
- d) ensure staff are fully aware of their duty of care and understand the procedures in place to manage children's medication and health care needs. Staff must have the information and skills required to keep children safe
- e) ensure the manager implements an effective quality assurance system to ensure children's medical needs are being met in line with best practice guidance.

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:

'Any treatment or intervention that I experience is safe and effective'(HSCS 1.24).

Areas for improvement

1. The provider should ensure sleep arrangements are reviewed and developed to ensure they consistently maintain children's safety and comfort. The Care Inspectorate 'Hub' and the Scottish Cot Death Trust good practice guidance, 'Reduce the Risks of Cot Death, Early Years Safe Sleeping Guide' should be accessed to support this.

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 Health and Social Care Standards (HSCS) which states that:

'My care and support meet my needs and is right for me' (HSCS 1.19).

2. To support children's wellbeing, learning and development, the provider should ensure they work in partnership with other professionals. Strategies of support should be consistently implemented. The impact of these strategies should be recorded and regularly reviewed, to ensure they are working as planned and meeting children's needs.

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

'If I am supported and cared for by a team or more than one organisation, this is well-coordinated so that I experience consistency and continuity' (HSCS 4.17).

3. To enable all children to have opportunities to develop and learn at an appropriate pace, the provider should ensure that all staff enhance their understanding of how children develop and learn. This should include, but not limited to, staff revisiting their knowledge, and further training on child development and the curriculums that underpin this.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

4. Outcomes for children should be improved through development of staff engagement and planning that broadens opportunities and adds depth to all aspects of children's play and learning.

This 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' (HSCS 1.31).

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.

Q1 2.2 Children experience high quality facilities

The setting was welcoming, calm and furnished to a high standard. Children had access to inviting spaces that offered a variety of resources. Staff had taken time to work in partnership with children to create spaces that reflected children's interests and ideas. For example, the service had swapped the 3-5 and breakfast club spaces and had worked with the children to design and develop these. Parents had also been consulted during this process and their feedback had been welcomed. Careful consideration had been given to create quiet cosy spaces to support children to rest and relax during their day. The baby room staff had developed a sensory space that children were using as a calm, quiet area to explore during the session. This gave the strong message to children that they were important and valued within the space.

Children had access to an outdoor area which was being developed. The service had plans to support all age groups to have direct access to their own garden space. They were keen to progress these plans and continue to develop their outdoor environment. This will improve children's access to outdoors and support all areas of their learning and development.

Daily risk assessments were in place and staff were using these within the environment. Evidence gathered showed that not all staff had a full awareness of the monitoring, recording and repair procedures. For example, flooring in the upstairs space presented as a hazard, and some staff were unsure of the correct reporting procedures to arrange repair. We discussed with the service, ensuring that all staff were confident

in following their procedures for monitoring, maintenance and repairing areas in the environment, to ensure children benefit from a high quality, safe environment.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

QI 3.1 Quality assurance and improvements are led well

The service was committed to professional development and had designed a training programme to support practice development. Staff had taken part in training on observation and planning, and leadership. However, we found it was not yet having an impact on practice. We discussed the importance of staff being supported to make good use of professional development opportunities and reflect and implement their new learning to improve practice. As a result, children will experience high quality interactions and experiences.

The service should find ways of meaningfully engaging families views and use these to inform developments in the setting. One parent shared, "I have never been part of the improvements in the service. I have sent messages but these have not been responded to". Another parent shared, "Occasional requests for generic feedback. Nothing that we feel really makes a difference". The service should continue to develop meaningful ways to involve children and families in the life of the setting, with opportunities to influence change and have their voices heard (See area for improvement 1).

The service had a quality improvement plan in place however this was not used consistently to inform improvements in the quality of the service for children and families. Staff were unable to confidently talk about their role in the improvement plan and the work they were doing to support continuous improvements in the setting. Management shared a newly developed monitoring document. Staff had not begun to use this in the service therefore this was not yet having an impact on practice. We discussed this with the service ensuring that their quality improvement plan had clear measurable outcomes and that children, families and staff were meaningfully involved in developing these. The service should continue to develop their quality assurance processes to ensure that they cover all areas of practice. This will contribute to positive outcomes for children and families (See area for improvement 2).

Areas for improvement

1. To ensure that children, families, and staff become meaningfully involved in improving the service, in a spirit of genuine partnership. The provider should ensure that children's, families', staff, and partners views are actively sought and effectively used to improve the life and work of the setting. This should include, but not limited to, the provider ensuring that children, families, and staff have a key-role in quality assurance processes.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2.

To support children to experience a service which promotes children's health and wellbeing through high quality care, play and learning experiences, the provider must ensure that there is a culture of continuous improvement. The provider should continue to further develop robust quality assurance systems that cover all areas of practice.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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.

QI 4.3 Staff deployment

Leadership recognised the importance of ensuring the service had appropriate staffing levels during the day. These took into account the mixed skill set of staff and routines across the day. Staff breaks were well planned and staff communicated with one another to ensure that these did not impact on the continuity of care for children. For example, lunchtime experience was calm, relaxed and unhurried as staff transitioned in and out of the rooms for their lunches. Staff communicated with children when they were leaving a space and let them know when they would return. This supports children to build positive, trusting relationships and feel safe and secure within their environment.

The service had their own supply staff that were brought in to support staff absences and planned holidays. This supported children to be cared for by familiar staff who understood their individual needs. Staff worked well together to support individual children. Some parents told us they were not always informed when staff were absent and they were not regularly introduced to new staff. One parent commented, "Updates regarding staff changes are non-existent. I called the service recently only to be advised that my child's key worker left months ago and no one else had yet been appointed". The service should develop their communication with families in relation to staff changes and the introduction of new and temporary staff. This will support children to be prepared in advance for changes to staff that will be caring for them and support families to feel more included in their child's day.

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	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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