

## Primary Playcare - Woodfarm Day Care of Children

c/o Woodfarm Pavilion  
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Giffnock  
Glasgow  
G46 7AS

Telephone: 01416 440 111

**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2023

**Service provided by:**  
Primary Playcare Limited

**Service provider number:**  
SP2004004956

**Service no:**  
CS2004083828

## About the service

Primary Playcare - Woodfarm was registered with the Care Commission on 21 April 2005. The service operates from within a local Pavilion in the Giffnock area of East Renfrewshire. It is one of six services provided by Primary Playcare Limited and is registered to care for a maximum of 49 children attending primary school.

The service operates Monday to Friday from 7:45 to 9:00 and 14:45 to 18:00 term time. During the school holidays the service operates from 8:00 to 18:00.

The service aims include: "To offer play and educational opportunities that are both fun and challenging. A respectful and happy relationship between children and staff is developed in a safe and structured environment."

## About the inspection

This was an unannounced follow-up inspection which took place on Wednesday 11 January 2023. The inspection was carried out by two inspectors from Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered through the inspection year.

To inform our evaluations we:

- spoke with 10 children using the service
- spoke with six staff and three members of management
- observed practice
- reviewed documents.

## Key messages

- Children were happy, settled, and confident in the setting.
- Staff worked well together to provide a fun play experience that met the wishes and interests of children, as identified through the children's council groups.
- Staff placed a strong emphasis on working with children to gain their views on what resources should be available in the service, to meet all children's needs.
- Children's care and learning routines were individual to their needs and delivered with kindness and compassion.
- The management team and staff should now look together at best practice guidance to enrich existing quality assurance and self evaluation in the service, to secure better 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

### Nurturing Care and Support 1.1

We evaluated this quality indicator as good, as a number of important strengths, which taken together, clearly outweigh areas for improvement.

Children appeared confident and having fun in their environment. We noted that staff interactions were warm and supported respectful relationships. When we asked children about the service they told us 'they were happy' and described their favourite activities, including 'I love everything' and 'last Friday we had Pizza and party day it was fun.'

During the session we observed children's snack experience. We found children had been involved in planning snacks through mind maps. Snack on offer on the day was cheese toastie and fresh fruit. Children were able to queue for snack, pour their own drink, and select pre prepared snack. We noted that although the experience was calm, and children enjoyed chatting with their peers, there was limited opportunities for staff to sit with children and support these interactions. We discussed with the service that with reduced numbers of children going for snack at the same time, children could be involved in preparing snack resulting in more effective interactions between staff and children.

We sampled and reviewed children's personal plans. We noted that all children had enrolment forms recording information to support their health and safety needs. Staff told us they had a keyworker system in place for all children attending the club in the afternoon. This involved them completing a personal journal for children. This journal included 'All About Me' and 'SHANRRI' guidance information, a monthly review, and children's personal learning targets. We discussed with the service how all children would benefit from having a personal learning journal as part of their personal plan, written in the child's voice. This should be reviewed in partnership with children and families, at least once every six months in line with current best practice guidance.

### 1.3 Play and Learning

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore, we evaluated this key question as very good.

We focused on children's right to play, have fun, experience joy, and develop effective relationships. Staff recognised the value of play as an opportunity for developing life skills and learning for children.

We observed children to have a wide range of experiences to choose from. The resources and experiences used were informed by staff consulting with children throughout the session to ensure their needs and interests were being met. When speaking with staff they described children's choices within the service being a key strength. Children's choices were evident through the records we reviewed including planning, mind maps, children's newsletters and children's council meeting records.

Staff described to us how they responded to children's interests daily by taking observations and talking with children and fellow colleagues to plan for the next day. We sampled records of children's newsletters and children's council meetings. These records demonstrated that children had choices within the service that supported them to be creative, reliant, and independent. One staff member described how they were setting up a messy art animal experience that children had requested. Staff described how the children had chosen the experiences and researched together to agree what resources were required to create the experience they wanted. Consequently, children were having fun and enjoying their learning and development opportunities. Staff were building confidence in planning play and learning opportunities that were responsive to the children's expressed interests. As a result, children were happy and confident.

We noted that children had the opportunity to be responsible citizens and contribute to the setting and community in a purposeful way. For example, a competition ran within the service where children received points for acts of kindness toward their peers. The winning group were awarded a budget to spend on treats or resources for the whole service. They negotiated and discussed what resources would be best for everyone who attends and agreed how to spend the budget.

## How good is our setting?

4 - Good

### 2.2 Children experience high quality facilities

We evaluated this quality indicator as good, as a number of important strengths, which taken together, clearly outweigh areas for improvement.

The setting was comfortable and welcoming with plenty of natural light and ventilation. The space available to children was maximised to meet children's needs. Children had a sense of ownership within the setting, they told us they were able to select resources at ease and adapt spaces. We saw effective use of the children's council to make decisions on what resources should be purchased. This allowed children to feel valued and listened to along with an opportunity to make decisions about the risks attached to some resources.

On the day of inspection the experiences on offer reflected children's interests and curiosities. We saw one staff member supporting children making hand puppets, and this was seen on the planner for that day as an activity, four children had asked for this to be available. Children were also asking to go outdoors and staff were responsive to this. Staff understood the need to ensure that children would not wander away from the adults to go out with the building. The service rules for everyone clearly explained why children should not go out the door without asking a staff member. One child said "I like going to the Muga-but we cannot go without asking a staff member to come with us." Staff made effective use of walkie talkies within the service to keep each other in touch of where the children were at any one time, this supported children's opportunities to move between the three rooms available as they wished.

We saw evidence that all staff had taken part in Food Re-his Training through the TURAS training programme. Some staff seemed unclear of their role in respect to infection prevention and control. We suggested that the whole staff team re-visit current best practice in relation to this, and training is available on the care inspectorate HUB. (See area of improvement 1).

## Areas for improvement

1. To support children's health and wellbeing, the service should ensure young children practice good hand washing techniques. National Care Standards for early education and childcare up to the age of 16, Standard 2: A safe environment.

### How good is our leadership?

4 - Good

#### 3.1 Quality Assurance and Improvement are led well

We evaluated this quality indicator as good, as a number of important strengths, which taken together, clearly outweigh areas for improvement.

Positive working relationships between the operations manager, manager and staff contributed to a shared vision for the service. All staff we spoke with, told us, 'they felt confident in their role and well supported in their practice.' They felt their views and ideas were welcomed by the management team and influenced what happens in the service. This contributed to a shared responsibility towards achieving positive outcomes for children. Children told us they felt included in the service and knew their ideas would be listened to, they gave us examples of when this had happened, and these are weaved throughout this report.

The manager had recently started in the service and welcomed us warmly. She engaged effectively with the inspection process and we were confident that the manager would act upon any comments to improve the service and meet children's needs. The operations manager was mentoring the new manager and together they were developing her role in the service. Regular team meetings allowed all staff to know what was important for the setting and promoted consistent approaches. Set agendas allowed meetings to be planned for and be purposeful. Newsletters for parents and children were effective and parents told us, 'there is a monthly newsletter as well as updates on Facebook and these keep us informed about what is happening in the service.'

The operations manager and service manager demonstrated their awareness of the importance of self evaluation to support the delivery of high quality care tailored towards children and families. They will continue to encourage parents and children to contribute to improve the service. Recently the operations manager had sent out parents stakeholder feedback forms, which were well received. It was not yet evident how these responses would result in identifying and sustaining improvement. The service had created a Development Plan in line with the Care Inspectorate Quality Improvement Framework. Identifying who will carry forward key improvements would ensure that these developments were carried out and reviewed within a realistic timescale.

More opportunities were required for the manager to work with staff to develop shared responsibility to continuous improvement. This could include developing leadership roles for all staff. Quality assurance and self-evaluation processes should be further developed in partnership with all stakeholders. This will allow children, families, and staff to be meaningfully involved and share their views and ideas which can be used to develop the service. (See area for improvement 1).

## Areas for improvement

1. To ensure children benefit from a service committed to continuous improvement, you, the provider, should consider how self-evaluation and quality assurance systems can be developed. The self-evaluation process should involve and include the views of staff, children, and families.

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

### 4.3 Staff Deployment

We evaluated this quality indicator as good, as a number of important strengths, which taken together, clearly outweigh areas for improvement.

The manager and staff recognised that continuity of care was important for children. Staff worked well together and were committed to improving outcomes for children and their families. They communicated well with each other to ensure they maintained quality interactions with children. Staff had established trusting relationships with parents and one parent commented, "Staff and management always there to greet you in the morning and at pick up. Never an issue when you need to ask about anything."

Staff were enthusiastic and keen to develop their skills. They were placed throughout the service in an effective way, respecting children's privacy and dignity, but also ensuring children were safe and secure. They had undertaken a range of training opportunities including First Aid, Child Protection and Food Hygiene. Staff felt this learning had helped them deliver better outcomes for the children using the service. Staff told us they were encouraged to reflect on training attended, however, the management team should further consider how they monitor the impact of training attended by staff to ensure this improves the quality of the service.

An induction programme supported new members of staff and helped them feel welcome and valued in the team. This allowed staff to practice confidently and consistently. Staff were committed, enthusiastic, and worked well together. One parent commented, "All staff are approachable and helpful. I have no issues with their competency." This meant children benefited from a staff team who were skilled and motivated to provide high quality care and understood their roles and responsibilities towards improving children's outcomes.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	5 - Very Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good



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