

Ayr Grammar Early Years Centre Day Care of Children

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Type of inspection:
Unannounced

Completed on:
19 January 2023

Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Service no:
CS2020378944

About the service

Ayr Grammar Early Years Centre is a daycare for children service provided by South Ayrshire Council. It is located within Ayr Grammar School, in Ayr.

The service is registered to provide a care service to a maximum of 64 children not yet attending primary school at any one time, of whom no more than 10 shall be aged two to under three years.

The service is provided from two playrooms. At the time of inspection, younger children were cared for in the smaller playroom and children aged three to five years were cared for in the larger playroom. Toilet facilities and outdoor play spaces were accessed from both playrooms. The children had access to the school dining hall for lunch.

About the inspection

This was an unannounced which took place on Monday 16 January 2023 between 09:15 and 14:30 and Wednesday 18 January 2023 between 08:30 and 14:45. Feedback was provided on Thursday 19 January 2023.

The inspection was carried out by two inspectors from the Care Inspectorate. This was the service's first inspection.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with a number of children using the service
- gathered feedback from 10 parents or carers
- spoke with 10 staff and management
- spoke with the support office from the local authority
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy to be at nursery.
- Parents told us they were happy with the quality of the service provided.
- Staff worked well as a team, and supported each other warmly.
- The new environment had potential to support high quality play and learning.
- Unforeseen and differing challenges to staffing meant that staff and management were not always consistent to children and their families.
- Management of medication should be improved.
- Self evaluation and monitoring processes should continue to be developed to ensure consistently positive outcomes for all 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?	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?

3 - Adequate

1.1 Nurturing care and support

We made an evaluation of adequate for this key question. We identified strengths which had a positive impact; however, key areas of performance need to improve.

Children were happy to be at nursery. They enjoyed playing with the resources available to them and exploring the playrooms. Staff were kind and caring towards children. Parents told us their children were happy, safe and secure. One parent told us, "The staff have built a lovely rapport with my child, and they are fully comfortable to express their needs and wishes to the staff throughout the day." Another said: "I find most staff know my child well, they helped my child massively when it came to toilet training and settling in nursery."

In the 2-3 year old room, we observed consistent, warm and nurturing relationships being established with young children who were settled, happy and having fun.

In the 3-5 year old room, we observed most staff offering appropriate praise which promoted children's sense of wellbeing and achievement. However, we also observed some instances where staff practice could better reflect nurture principles. Due to a number of differing and unforeseen circumstances in the 3-5 year old room, staff were not always consistent to the children. This meant that trusting relationships with all children had not always been established.

The ratio of staff to children met requirements set by conditions of the service's registration. However, staff were at times engaged in managing and responding to children's behaviour. This resulted in some children not receiving consistent and meaningful interaction from staff. As a result, there were times when children were disengaged and misunderstood. We discussed these instances with the service and the provider, and gained assurances that support to staff would be offered.

When children required personal care such as nappy changing, staff addressed this sensitively. This ensured that children's privacy was respected. Children's dignity should continue to be fostered by staff ensuring resources are in place, for example tissues for wiping noses and support for good hand washing practices.

Staff told us that lunchtimes were an ongoing development. Children in the two-year-old room stayed in their room for lunch which seemed to work well, as it was calm, social and engaging. Older children were escorted in groups of 10 to the school dining room. Tables and chairs that were height appropriate for the children were well set out and children were supported to eat their lunch. Meals were nutritional and catered for children's dietary requirements. In both areas, staff and children sat together during mealtimes. This meant that the children experienced a socially warm and engaging lunch time.

We would suggest that children's rights be further considered by including them in making their own choices of the venue and menu they receive, this would foster a greater rights respecting meal time and increase the quality of children's experiences.

Some children's emotional security and wellbeing was compromised by limited arrangements for rest and sleep. Rooms were quite noisy, which limited children's opportunity to rest or regulate their own emotions. Sleep mats or cosy areas for older children were not made available. Staff must review children's opportunities for rest or sleep to support their emotional wellbeing (see area for improvement 1).

Personal plans were in place. These were going through a period of development and tailoring to suit and meet children's individual needs. We discussed these with the deputy headteacher and the principal teacher and could see the positive direction they were taking. One parent told us:

"We have been very impressed at how the nursery staff have taken great care to get to know our child. They do this through asking questions and encouraging parents to share events and learning from home through the personal learning journal."

Children's medication was stored securely, and permissions had been sought to support its administration. However, medication was not always in its own box, and some had no prescription labels which is not in line with service's policies or national guidance. Medication procedures would benefit from effective supervision and monitoring to ensure that children are safe (see area for improvement 2).

1.3 Play and learning

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Children were having fun with the resources available to them. However, on the first day resources in the older children's room were limited. We revisited the service for a second day and noted that more resources had been made available and observed some improved play experiences. Quality experiences and outcomes for children should be consistently in place every day (see area for improvement 3). We asked parents for their comments. One parent told us: "I feel they provide a very loving, caring environment with lots of activities, learning and creating which my child just loves."

In the 2-3 year room, we observed consistently very good resources and experiences across both on site visit days.

We observed children who displayed schematic behaviour, they were supported by staff who knew about schemas but we did not see this being supported or extended further. As a result, there were some missed opportunities to extend children's learning.

In the 3-5 year old room, we saw staff attempting conversations with children. However, these were often interrupted by staff's attention being diverted to challenging behaviour or upset children. This resulted in limited opportunities for children to experience their interests being enhanced.

Good use of observation in the learning journals was in place. We suggested that experiences and outcomes for children could be developed further by staff evaluating and including next steps in learning to journals.

Children had good access to the community. Staff told us they made use of the local swimming pool, beach, shops and library. This ensured that children felt connected to their community.

Areas for improvement

1. To ensure children are supported to determine the pace of their day and to encourage them to regulate their own emotions, children in the early years should have access to comfortable and quiet rest, relaxation or sleeping areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax" (HSCS 5.6).

2. To ensure children's health and wellbeing, the provider should ensure that arrangements for the safe management of medication are improved.

This should include, but is not limited to, ensuring written permissions are clear, reviewed regularly and reflect the information provided by the prescribing professional or product information leaflet, ensuring information about administration is easily accessible,

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

3. To improve the quality of children's experiences, staff should ensure that children are meaningfully involved in leading their play and learning through a balance of planned and spontaneous experiences. Children's choice should be promoted, and their learning and development extended through skilful staff interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, stimulate my natural curiosity, learning and creativity" HSCS 2.27).

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Children were cared for in an environment that was secure, warm and resourced with quality furniture. There was plenty of natural light and ventilation to maintain children's comfort. One parent told us: "It is a lovely new nursery. The Victorian building has been beautifully restored, and the lovely big windows allow a lot of natural light inside."

The environment was clean and tidy at the start of the day. Staff should remember to reset the environment at key points through the day to ensure children continue to be stimulated and engaged.

There was free flow access from both rooms to an enclosed outdoor area. Free flow access and heating should be further considered to ensure indoor environments do not get too cold for children who wish to remain indoors. We discussed this with the service.

Staff told us that the outdoor area was a work in progress, this meant that at the time of the inspection visit there were limited opportunities for quality extended outdoor physical activities. We noted that some quality outdoor equipment was in the outdoor area, but this was not always available to the children. The provider and management agreed to further develop outdoor experiences in order to support children's imagination and problem-solving skills and provide them with greater challenge during outdoor play.

Both rooms had direct access to toilets and changing areas that were clean, warm and well-lit. We reminded the provider that the air pocket between the two toilet doors should be maintained in order to reduce infection risk being transmitted between areas. This could be achieved by ensuring both toilet doors are self-closing. Installing this would ensure that children's health and wellbeing was improved.

Children could move around freely and make choices about where they wanted to play. Play spaces should continue to be organised to meet children's current interests. This will allow space for children to regulate their own emotions .

There were systems in place to monitor the maintenance and repair of the building and equipment. Risk assessments had been carried out to identify hazards and put safety measures in place to minimise risks. The service should further develop their approach to risk by involving children in identifying potential hazards and considering safety measures.

Overall, appropriate infection prevention and control procedures supported a safe environment for children and staff. This included supporting most children with good hygiene practices to minimise the risk of spreading infection.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

The headteacher was the registered manager of the service. In her absence, the manager was the depute headteacher with the principal teacher as the day-to-day contact. In addition, at the time of the inspection visit, the senior early years practitioner's absence had further impacted on the quality assurance and improvements of the service. This made it more difficult to ensure daily tasks, such as cleaning and refreshing resources were completed. Temporary staff were less familiar with children's individual needs and did not always provide them with appropriate supervision and care. This meant children were not always supported by staff who knew them well and ensured they felt comfortable and at ease (see area for improvement 1).

The principal teacher engaged effectively and professionally in the inspection process, which gave assurance that there was potential for the capacity for improvement in the service moving forward. We contacted the provider to request support for the service to meet the improvements required, this was received and input was assured.

The school had a vision, values, and aims in place which was shared with the early years centre. The service would benefit from identifying vision, values, and aims that reflect the aspirations of early years children, their families, partners and the wider community. The service had an improvement plan in place.

Families told us they felt well informed about the service. They felt it was well managed and that management were easy to contact if needed. They told us: "The principal teacher who manages the nursery is always available and is there every morning as the children register for that day. We also have her email address should we need to discuss anything" and "The management team are always visible and available to chat to both at morning drop off and afternoon collection. They are always happy to help and listen to any concerns you may have."

Stay and play sessions and Bookbug sessions were offered. Holiday gatherings had been a success and an effective clothes swap area was being used positively by parents. One parent commented: "The nursery arranged some Bookbug and PEEP (Peers Early Education Partnership) sessions in the nursery. We also attended a recent Family Winter Breakfast at the nursery. We thoroughly enjoyed these events. An open evening was also organised to come in and see the nursery."

Areas for improvement

1. To improve the quality of children's daily experiences, management should ensure that continuous improvement is underpinned by robust monitoring and self-evaluation processes

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

The principal teacher and staff were friendly, approachable, and participated in the inspection process. They recognised that some improvements were necessary to achieve better outcomes for children and told us they were willing to be involved in the development of the service. Staff recognised the key role they played in developing the service. A whole team approach is required to ensure that any improvements are fully implemented and sustained.

We acknowledged current management and staffing challenges. We found that staff, in the main, were appropriately deployed to meet the needs of children in the nursery.

Staff had skills, knowledge and levels of experience that differed. Effective use should be made of the differing experience, knowledge and skills. The principal teacher had put processes in place to recognise these skills and was working towards utilising them. Peer support and self-evaluation should continue to be implemented and developed.

Staff worked well as a team and supported each other warmly. This meant that children were cared for by staff who wanted to be there and who cared about the children in front of them.

Parents told us they felt that communication was good. One parent commented: "They have reached out on occasion and emailed me directly with special achievements or stopped me on the way in or out of nursery to update me on a specific success." Another told us: "They are always happy to help and listen to any concerns you may have."

Complaints

There have been no complaints upheld since the service registered. Details of any 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	4 - 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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