

# Alva ELC

## Day Care of Children

Alva Primary School  
Brook Street  
Alva  
FK12 5AN

Telephone: 01259 760 987

**Type of inspection:**  
Unannounced

**Completed on:**  
18 April 2023

**Service provided by:**  
Clackmannanshire Council

**Service provider number:**  
SP2003002713

**Service no:**  
CS2003015584

## About the service

Alva Early Learning and Childcare is part of Clackmannanshire Council's early years provision. They are registered to provide care to a maximum of 74 children aged from two years to those not yet attending primary school, of whom no more than 15 children are under three years.

The service operates from rooms which have been refurbished to a high standard within Alva Primary School. There are two spacious playrooms, a large entrance area, a fully enclosed garden, toilets and changing facilities for children. The service is situated in Alva, Clackmannanshire, close to local shops and other amenities.

## About the inspection

This was an unannounced inspection which took place on Wednesday 18 April 2023 between 08:45 and 18:45. 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:

- spent time with the children using the service
- spoke with six family members
- spoke with staff members and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The outdoor learning environment effectively supported children to develop their problem solving, be creative and lead their own learning.
- Most children enjoyed free flow play from outside to inside for most of the session.
- Children benefitted from a staff team that was committed to taking forward improvements.
- Quality assurance procedures needed to be developed to support staff to identify strengths and areas for improvement.
- To improve the quality of children's play experiences, further work was needed in relation to developing planning approaches.

## 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 on outcomes for children, key areas needed to improve.

### Quality Indicator 1.1 - Nurturing care and support

Children experienced mostly nurturing and compassionate care from a dedicated staff team. We observed that most interactions between children and staff were respectful, supporting children to feel safe and well cared for. Parents told us that staff's interactions with children were one of the service's key strengths.

All children had personal plans in place which highlighted their likes, dislikes and information regarding their individual care needs. We found the 'all about me' information was not always accessible to practitioners who were working with children directly. We suggested the service ensure that personal plans are working documents. This will ensure that children experience care that is tailored to their individual needs.

Within the playroom, children did not always have access to places where they could rest and relax. The service had recently changed to allowing younger children to use a smaller quieter room when they first started. This was still at an early stage of development and the service recognised that further work was needed. We encouraged the service to continue with their plans to develop homely, quiet spaces throughout the setting. This will allow children the opportunity to rest and relax at a time that is right for them.

Children's wellbeing needs were met, as allergy information was effectively displayed and prepared for. Most children could choose when they wanted to eat and who they wanted to eat with. This respected their choice and meant that they were listened to. We found that the mealtime experience was busy and became very loud. Staff had limited opportunities to sit and chat with children during this time. We suggested that they review the mealtime experience to ensure it is a calm, unhurried and social experience.

Appropriate forms and permissions were in place for the administration of medication. One child in the setting had medication that was not labelled appropriately. We found that permissions with parents/carers were not reviewed regularly. To ensure that children are safe and their individual health needs are met, the provider must ensure that all medication is labelled appropriately, reviewed at least termly or every three months and shared with all staff (**see area for improvement 1**).

### Quality Indicator 1.3 - Play and learning

Children were meaningfully engaged in their play outside during most of the session. For example, they enjoyed watering the plants or observing animals from a local farm. Children were confident to move around the play spaces freely. This demonstrated they felt safe in the environment and were exploring happily and confidently outside. We suggested that the inside area be further developed to ensure it reflected children's interests and that there was a range of opportunities. This will ensure a wide variety of resources and quality experiences supporting children to be meaningfully involved in their learning.

Keyworkers knew children well as individuals. They spoke confidently about children's interest, likes and dislikes. Parents said that they had opportunities to meet with their key workers. Electronic journals were in place to record observations of children's learning and experiences. Some children were keen to look at their journals with us. We found there was limited opportunities for children to reflect on their learning. The setting has recently made plans to move back to paper journals. We encouraged this as it will support children to talk about their learning and reflect on what they have accomplished.

The setting was at the early stages of developing their planning approaches. They used floor books in each area to record children's learning and interests. These were not updated regularly and did not always highlight recent learning. We encouraged the team to continue to develop this approach to ensure planning is consistent across the service, responsive and reflects children's current interest. This will mean that children are actively listened to, and their thoughts and contributions are valued.

### Areas for improvement

1. To support children's individual health needs, the provider should ensure that medication procedures, labelling and reviews are in line with best practice guidance. Medication must be labelled appropriately, documentation completed and reviewed at least every three months or termly with parents/carers.

This is to ensure 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).

### How good is our setting?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

### Quality Indicator 2.2 - Children experience high quality facilities

Children benefitted from a bright, well-ventilated and welcoming environment. A wide range of resources and experiences were available throughout the session. Loose parts were effectively used in some areas to develop children's curiosity and problem solving. As a result, children were supported to develop their creative thinking.

Staff highlighted the indoor environment as a priority for improvement. They had begun to reflect on how to create areas which are homely, inviting and show children that they matter. We encouraged the service to review the resources available across the setting to ensure that they are presented well, reflect children's interest and allow for a range of experiences. This would ensure children can consistently benefit from a rich play and learning environment.

The outdoor garden provided a welcoming, interesting and exciting space for children to explore. We observed children having fun climbing and playing in the sand. A recent addition of a sensory garden engaged children in their learning and gave them opportunities to explore all of their senses. We encouraged the service to continue to develop these spaces.

Information about children was kept in a secure manner. Where this was stored electronically, there were passwords and systems in place. Sensitive information was only shared with those who needed it to meet children's needs. This meant, protection of children's information complied with relevant best practice.

Regularly reviewed risk assessments were in place, which effectively highlighted most hazards and actions to minimise potential risks to children and staff. Children benefitted from a risk benefit approach from the staff team, such as climbing the willow tree outside.

Staff effectively implemented infection prevention and control routines to keep children healthy and safe. Hand washing was promoted throughout the visit at key times. As a result, the spread of infection was minimised.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

### Quality Indicator 3.1 - Quality assurance and improvement are led well

Management and leadership had recently reviewed the priorities for improvement of the service. They had reflected on their previous plan and had now decided on a clear direction with identified priorities. This will ensure improvements are focused, manageable and support them to evaluate the impact on outcomes for children.

The management team promoted a shared approach to leading the service and improvements. There were some opportunities for staff to begin to develop their individual leadership skills. However, we found that these were not always targeted and linked to the staff team's interests. We suggested that regular support from the leadership team be further developed to highlight the staff team's key strengths and interests. This would support improvement and ensure children benefit from a committed and enthusiastic team.

There were some systems in place which had recently been developed to support continuous improvement, such as self-evaluation, audits and direct monitoring and support from senior staff. These were at the early stages of development and required time to become embedded. For example, systems were not in place to quality assure accidents and incidents or medication. We asked the leadership team to continue with their plans to review processes which monitor and sustain positive experiences for children across the service (see area for improvement 1).

### Areas for improvement

1. To support a culture of continuous improvement that addresses key areas for improvement, the provider should implement a robust and effective quality assurance system to monitor and sustain positive experiences for children across the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and '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 evaluated this key question as good where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

**Quality Indicator 4.3 - Staff deployment**

There was a positive staff ethos, with staff working and communicating respectfully with each other as a team. One parent told us, "Staff were very supportive when their child was settling into nursery and now, they just run in". They were keen to work together to make improvements and develop practices to support children and families. Regular staff meetings were now in place and were beginning to have an impact on supporting effective communication.

Families were welcomed into the service each day, spending time chatting with staff. They were building relationships with staff and developing confidence as they spent time in the nursery environment. This meant they felt included and respected as they heard about children's experiences and achievements.

Staff were enthusiastic about their role and spoke positively about their work. They valued the positive relationships that had developed within their team and felt very well supported by each other. Recent changes in support for the staff were felt as positive and they were beginning to feel listened to. Staff worked well together to create a positive and welcoming environment for children.

Staff were proactive in deploying themselves throughout nursery especially during busier times, such as at pick up time or lunch time to ensure good supervision. The team communicated well with each other to ensure that children's needs were met. As a result, children benefitted from a committed team who were focused on supporting positive outcomes for children.

Most staff were enthusiastic about providing high quality care for all the children and developing their practice. Staff spoke positively about their recent training and were beginning to put this into practice. We encouraged the service to continue with their plans to support staff development. This will ensure that children benefit from a skilled and knowledgeable staff team.

We found that the induction process had not been revised and that at times, key information was not shared with new staff or staff that had returned to the setting. We encouraged the setting to develop a robust induction process. We referred the service to the National Induction Resource to support their work. This will ensure children consistently benefit from a staff team that knows them well.

**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?	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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