

Flexible Childcare Services (Aberdeenshire) – Stonehaven Day Care of Children

Carronhill School
Mill of Forest Road
Stonehaven
AB39 2GZ

Telephone: 01569 763 886

Type of inspection:
Unannounced

Completed on:
18 August 2023

Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
SP2019013370

Service no:
CS2019376998

About the service

Flexible Childcare Services (Aberdeenshire) - Stonehaven is a day care of children service delivered from Carron Hill School in Stonehaven. The service is registered to provide a care service to a maximum of 9 children at any one time, of an age to attend school. Young people aged 16 to 19 years may also attend the service. The service may also be provided from the following premises: Mackie Academy, Slug Road, Stonehaven, AB39 3DF.

The manager is also the manager of Flexible Childcare Services (Aberdeenshire) - Inverurie, Flexible Childcare Services - Oldmeldrum and Flexible Childcare Services - Alford.

The service is delivered from a room within the school. Children also have access to the school grounds, the large school hall and the sensory room.

About the inspection

This was an unannounced which took place on 16 August 2023 between 10:00 and 15:30. 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 and three of their parents/carers
- received two responses to our request for feedback from parents/carers via MS Forms
- spoke with staff and management
- received three responses to our request for feedback from staff via MS Forms
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted from a bright and airy indoor environment and direct access to the outdoor area.
- Children enjoyed positive relationships with staff which supported their confidence and self-esteem.
- There was an ethos of continuous improvement in which parents' and children's views were sought.
- Children engaged in positive interactions with staff who knew them well.
- Planned developments should be progressed in a timely manner so that children experience the impact of improvements.

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?	5 - Very 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

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

Quality Indicator 1.1: Nurturing care and support

Children were experiencing warm, nurturing interactions from staff who knew them well. Positive attachments had been fostered which supported children to feel valued and promoted their confidence. Support for personal care was given in a way that promoted children's privacy and dignity. Interactions at these times were caring and warm, supporting children's security, confidence and positive relationships. All parents who provided feedback said that they were happy with the care their child received.

Children brought meals and snacks from home and this was augmented by fresh fruit or toast if necessary. Children enjoyed a relaxed and sociable time during their meals and snacks. Staff sat with children and supported communication and forming of relationships with peers. Staff were focused on the children at these times which supported their safety and wellbeing. When children needed support with eating this was given in ways to build confidence and support independence as appropriate for children's abilities. All children were included in the mealtimes but there was provision for them to eat separately if this was what they chose. Fresh milk and water were offered at snack and mealtimes and water was also accessible throughout the day.

No children attending the service needed to sleep during their day. A sofa was available in the main room to promote comfort should children wish to engage in quieter activities. A small sensory tent in the main room and the separate sensory room supported children who needed time alone or in smaller groups.

Children's wellbeing was supported through effective use of information in personal plans. This took account of wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included). This supported a holistic approach to the children's care. Positive relationships had been built with children and their families which promoted effective information sharing. Staff used information to offer a continuity of care and reflect families wishes. Shared information supported staff to respond to changes in children's lives and offer support if needed. All parents who responded to our request for feedback said that staff knew their child, including what was important for their care.

The manager and staff had a good understanding of factors which may impact on a child's wellbeing. Strong relationships had been built with other agencies supporting children such as physio and speech and language therapists. While one parent felt that communication could be better between the service and other agencies, communication was generally effective in supporting a continuity of care.

Quality Indicator 1.3: Play and learning

Children were having fun; they were able to access a range of activities. For example, a bracelet making activity had been brought in for one child, another child chose to spend time engaged in messy play and others in outdoor play. One parent told us their child loved going to the service "always do different things with the children and the staff are amazing".

Planning approaches were based around children's interests which were identified through observations or

discussions. There was a record of children's achievements known as "the wall of fame". Each child had identified goals which had been agreed with them and their parents. The system would benefit from the recording of strategies being used to support children in achieving the goals. This would support a continuity of approach as new staff would have access to the information. It would also promote progression for children as the effectiveness of strategies could be more easily reviewed.

Choice boards were being used to promote children's ability to express their preference. These were currently being further developed to widen the choices represented and reflect children's current interests.

Staff were working with children to promote their communication skills in ways that were appropriate for each child's abilities. For example, using Makaton signs, keeping sentences short and simple and not always using open-ended questions.

Staff knew the children and their interests well. Children benefitted from this knowledge as staff were able to offer activities and resources they knew children enjoyed. While recognising that repetition is needed for children to consolidate learning, we asked the manager to ensure that systems are in place to support children's progression through the opportunity to challenge and extend their interests.

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from an environment that was clean and secure. There was ample space for children's needs, including the ability to move around in wheelchairs and access a variety of areas and resources. Children's health benefitted from lots of natural light and good ventilation within the main room.

The service was mostly delivered from the "life skills" room within the school. This limited the opportunity to provide a truly homely and warm environment. The inclusion of the sofa and soft furnishings such as cushions and rugs in the sensory tent meant that there were some comfy areas for children to relax within the room. Children were able to access the sensory room which provided a more comfortable and cosy area should they need to rest or experience a quieter environment.

The spaces accessed by children reflected their interests and were appropriate for their stage of development. Children's health and wellbeing was supported by access to the outdoors. The room had direct access to the designated outdoor area and then into a more natural space within the school grounds. Staff were responsive to children's cues to go outside or into other areas, supporting their choice and a free flow approach. However, the outdoor area immediately accessed from the room had not yet been developed. This meant that it was not particularly inviting for children and did not offer an engaging or stimulating environment.

There was some use of local community to extend children's experiences. This was primarily during school holidays when there was time for trips to parks and beaches as well as activities such as bowling. This supported children to feel confident and part of their community.

Risk assessments were in place to support children's safety. Staff were observant to any risks and responded to remove these when appropriate. Infection prevention and control (IPC) procedures supported

children's health. This included regular cleaning of surfaces and effective hand hygiene routines for staff and children.

Children and their family's privacy was protected by the safe storage of personal information.

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurance and improvement are led well

There was strong leadership of the service and staff told us that the manager was approachable and supportive. This promoted a shared vision and values for the staff and helped them to know what was important for children attending the service. The manager should now establish a formal vision statement and share this with all stakeholders, including parents, to support their awareness and involvement in the service.

There were opportunities for families to feedback their views on the service and how it was meeting their child's needs. This was through verbal communication with the manager as well as digital communication formats such as Facebook and WhatsApp. The feedback received, while positive, was not always effective in supporting evaluation of the service provided. Children's opportunities to inform the service was mostly around the activities and resources offered. The manager acknowledged the importance of using parent and children's views and agreed to develop more ways to gain constructive feedback to use in evaluation of the service.

Self-evaluation was taking place and had led to identifying areas where further development was planned or had taken place to improve children's experiences. For example, the improved communication and information sharing with parents.

An improvement plan was in place and showed that developments had been made and some were continuing. For example, it included areas such as continuing to develop consultation with children regarding snack activities. In some cases improvement was not progressing at an acceptable pace. For example, the development of the outdoor space was in last years improvement plan. We asked that the manager and provider look to using realistic timescales to progress improvements in a timely manner.

Changes made were being reviewed and evaluated but this didn't always focus on the impact of changes on children's experiences. For example, the improvement in communication with parents was evaluated as building relationships with staff. It could have gone further and recognised that the improved communication was promoting better information sharing which supported continuity of care for children.

How good is our staff team?

5 - Very Good

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

Quality Indicator 4.3: Staff deployment

Children's needs were being met as the provider and manager recognised the importance of appropriate

staffing within the service. This included considerations of the balance of skills and knowledge of staff and having a consistent core team. This meant that children felt confident and comfortable with staff who had the skills to meet their needs and were familiar to them.

Children enjoyed a continuity of care from a responsive staff team because the day was planned well. This included busier times such as meals or when children were picked up. Leaders and staff valued the high levels of interactions to promote children's wellbeing and safety. Staff had time to listen to children and parents and were responsive to verbal and non-verbal communication from children.

Children benefitted from consideration of the impact on their care of staff absence. The manager tried to use a core team of staff who were familiar to the children and knew their needs. Communication methods such as diaries and informal meetings before a session started promoted sharing of information between staff.

Staff spoke to each other with courtesy and respect, providing good role modelling for children. There was a happy and relaxed atmosphere for children to enjoy.

Staff were very good at recognising where they were needed to support children or when children perhaps needed a little space while still being supervised. Their interactions with children were responsive and flexible. For example, recognising when children wanted to move to a different room or area and supporting this. If tasks took them away from the children staff ensured they communicated with their colleagues so their absence did not adversely impact children's 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

To promote positive experiences and outcomes for children, the self-evaluation and quality assurance processes should be embedded into practice. The provider and manager should continue to develop ways to gather and reflect the views of children and families in this.

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

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

This area for improvement was made on 1 December 2022.

Action taken since then

Self-evaluation was taking place regularly with the use of audits and observations to support this. Best practice guidance was used in the evaluations.

Parents views were sought to inform the self-evaluation and this is being further developed to promote more constructive feedback. Systems were in place to gather children's views on activities and observations of their engagement were used in the self-evaluation.

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?	4 - Good
1.1 Nurturing care and support	5 - Very Good
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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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