

Paisley Early Learning and Childcare Centre Day Care of Children

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Telephone: 01416 183 464

Type of inspection:
Unannounced

Completed on:
21 September 2023

Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2003014791

About the service

Paisley Early Learning and Childcare Centre was registered with Care Inspectorate on 1 April 2011.

The service is located within Paisley, Renfrewshire and is located within close proximity to Paisley town centre, local schools and early learning and childcare settings. The service is registered to provide a day care of children service to a maximum of 92 children not yet of an age to attend primary school at any one time. Of those 92 no more than 12 children are aged under two years, no more than 24 children are aged two to under three years and no more than 64 are aged from three years to not yet attending primary school.

About the inspection

This was an unannounced inspection which took place on Tuesday 19 and Wednesday 20 September 2023 between 09:45 and 15:00. Feedback was provided on Thursday 20 September 2023. The inspection was carried out by three inspectors from the care inspectorate.

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 service registered.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with five staff and management
- observed practice and the facilities
- reviewed documents
- received feedback from five parents/carers
- received feedback from 13 staff.

Key messages

- Interactions between staff and children were warm and nurturing.
- Some further improvements should be made to ensure medication processes are consistent and in line with current guidance.
- A balance of spontaneous and planned play experiences supported children's choice and provided opportunities for children to be independent.
- An improvement plan was in place and reflective of the settings current development needs.
- Staff communicated well and kept each other informed should they need to leave their zone or room.

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

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.

Interactions between staff and children were warm and nurturing. Staff demonstrated they knew children well and could discuss strategies they used to meet individual children's needs. For example a member of staff could discuss extra support in place during key times for children who required assistance with transitions. One member of staff told us; "I feel all staff are nurturing and we have positive relations as a team." This supported children to receive care that was right for them.

Children benefitted from positive attachments with staff. Children were relaxed and comfortable with staff and we saw children inviting them into their play. For example children outdoors actively sought out staff to join in puddle play. We saw children confidently approach staff for cuddles, comfort and affection. One parent told us, "The love and care the staff have for each child and treat them as individuals."

Staff demonstrated a rights based approach in practice. Children were regularly asked for permission by staff before carrying out personal care, for example nappy changing and wiping of noses. These interactions supported children to feel respected and valued.

Since the last inspection the service had made positive changes to enhance children's experiences during mealtimes. Children benefitted from being consulted around how their lunch time experience should look and what types of snacks they would like on offer. Staff were in the early stages of further developing children's understanding of food and nutrition through the 'farm to fork' initiative. Staff told us children had expressed a keen interest in this and it had extended into other areas of their play within the playroom.

Personal plans were in place and reviewed every six months in consultation with parents and children. These plans were reflective of children's current needs and stages of development. The manager spoke positively about the effective relationships the service had with external agencies. We saw evidence of collaborative working with other agencies to support improved outcomes for children who required additional support.

The management team and staff valued the connections they had with parents. Staff told us their positive partnership had allowed them to provide opportunities for parents to be further involved in the service and their child's learning. For example, initiatives including a walking group, Tea, toast, talk, Learn, talk, do, and Bookbug allowed staff to provide opportunities where parents and children could play and learn together.

Some further improvements should be made to ensure medication processes are consistent and in line with current Care Inspectorate guidance 'Management of medication in daycare of children and childminding'. We made an area for improvement about this at the last inspection. This area for improvement has not been fully met and remains in place. (See area for improvement 1 in the outstanding areas for improvement section).

The nappy changing facilities required to be developed to bring them in line with Care Inspectorate good practice guidance 'Nappy changing for early learning and childcare settings (excluding Childminders)'. This had already been taken into consideration by the provider and the manager advised work would be

commencing shortly.

Quality Indicator 1.3 - Play and learning.

Children were having fun and engaged during their play. A balance of spontaneous and planned play experiences supported children's choice and provided opportunities for children to be independent. Some children benefitted from staff who were confident in extending and scaffolding their play and learning.

Staff were in the early stages of introducing a new Under 3 planning system. We spoke with some staff and the nursery teacher and could see some evidence of the positive impact this new format had, had in supporting staff to effectively plan for children's individual needs, and interests. Within the new planning system there were direct links with children's personal plans and next steps. Children's observations were focused and individualised and next steps identified were measurable and achievable. This supported staff to extend children's learning and provide experiences for children that were reflective of their current needs and interests.

Opportunities for children to develop their skills in literacy and numeracy were supported within the indoor and outdoor environments. For example children had made name cards for the snack area and staff spoke about how children have been keen to develop these in the writing area. A variety of books were available and a recent story of 'The 3 little pigs' had encouraged children to transfer their learning and skills into the different zones, for example the construction area.

Staff used an online platform to share children's learning with families. Families could also add photographs of children's progress and achievement out with the nursery. This supported a collaborative approach to learning.

Some loose parts and open-ended materials supported children's natural curiosity, imagination and creativity. We discussed with the manager who agreed that ongoing developments of areas to include more real life materials would further enhance children's experiences.

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 play spaces that were bright, clean and well ventilated. Cosy, quiet spaces were available for children to rest and provided safe spaces for children to self regulate. A sensory area within the baby room provided a space for younger children to explore and develop their curiosity skills.

Play spaces for children were welcoming, inviting and provided children with ample space to play. Staff spoke about a focus of 'the child at the centre when setting up play zones' and that children benefitted from zones that were reflective of their current interests. Through discussions with some children and our observations this was evident, especially in the creative and construction zones.

Staff and children had begun to develop links within the local community, for example, visits to the local café and florist. Staff were keen to continue developing and embedding these links. We agreed this will further enhance children's experiences and support them in continuing to develop a sense of belonging within their community.

Children's health and wellbeing was supported as most had free flow access to the outdoors for fresh air and exercise. Staff discussed although children in the 2-3 room did not have free flow access, this was managed through staff picking up on children's cues and offering regular opportunities to play outdoors.

Most resources were well maintained, however some staff did express concern over the length of time it took for things to be fixed and the negative impact this had on experiences for children. We discussed this with the manager who agreed to continue to monitor this through their maintenance procedures.

Since the last inspection some improvements had been made to infection control practices. However, there were a few occasions when opportunities for effective hand washing were missed. For example, staff and children did not always wash their hands after touching the bin. To ensure consistency, the manager should continue to undertake quality assurance with an enhanced focus on hand hygiene. This will support staff to embed best practice and maintain a safe environment for children.

Systems were in place to support staff to keep children safe. Risk assessments were completed and reviewed regular by the manager and staff team.

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 an ethos of mutual respect between the manager and the staff team. They worked well together and were committed to providing positive outcomes for the children and their families. Staff told us recently, they worked together to identify a new vision for their service. Using observations of values they could see in each others practice allowed them to develop their new values of 'Nurture, respect, relationships, learning'. Staff felt this was a true reflection of what was important to their service, children and families.

The manager had developed a culture of continuous improvement across the service. Children and families' views were actively sought to inform the development of the setting. The manager discussed receiving parents' feedback/views had been challenging, however with the reintroduction of new projects and initiatives they were confident this would begin to improve. This will further support parents to be meaningfully involved in all aspects of the service.

Self evaluation and quality assurance processes supported the manager to have good overview of the service and some impact of these processes were evident within the staff team. For example, regular monitoring of children's personal plans had improved the quality and consistency of information recorded to support children. Through sampling paperwork we could see the manager had been mindful of staff time constraints and offered support and extensions where needed. This supported staff to feel included and that their views supported positive and informed change across the service.

An improvement plan was in place and reflective of the settings current development needs. Children had been consulted on where they would like to see improvements and these had been included. We could see some evidence of planned action having taken place, for example the increase of opportunities for parental engagement, and the positive impact this has for children and families.

Most staff told us they felt supported by the manager, however some staff commented that due to recent staff absence they felt the manager was not always available to support them. One member of staff told us, "At present our management team is limited due to sickness and our head of centre is not often available due to meetings and her work load." We discussed with the manager who advised that staff wellbeing needs are valued and balanced with the operation of the service. The manager advised a recent successful recruitment process will allow them more time to focus on staff wellbeing. This will continue to support staff to feel respected and valued.

Staff leadership roles were in the early stages of being developed. Staff had been consulted on their roles and this had resulted in staff planning to lead initiatives and programmes that they were passionate about. For example, champion roles in Makaton and numeracy will benefit children and support staff to provide breadth and depth of these experiences across the service.

How good is our staff team?

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 4.3: Staff deployment.

Children experienced kind, and responsive interactions throughout their day. Staff recognised the importance of building strong attachments and took time to support, speak and listen to children. As a result, children were happy and settled.

Recent changes to the deployment of staff supported a more balanced team where a mix of skills and knowledge supported most children to reach their potential. The new room senior spoke positively about the new structure and they felt this had benefited the whole team as staff were working more collaboratively together. Family groups supported staff to work together, share skills and learn from each other.

Staff had undertaken some recent training opportunities relative to their role. These included Autism and training to support effective planning including understanding play cues. The manager should continue to monitor staff practice in relation to training to ensure this is impacting positively on experiences and outcome for children and families.

Staff communicated well and kept each other informed should they need to leave their zone or room. This supported children to be cared for safely by the correct number of staff.

The service has experienced a high level of staff absence and some staff did comment they felt this had impacted on the continuity of care for children. During our inspection visits staff from other settings were providing cover. We asked the manager to consider the longevity of this and ensure procedures for information sharing continues to be effective. This will ensure children continue to be cared for by staff that know them well.

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

The provider and management team should ensure that medication is stored and administered safely and in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'. To do this, the provider and management team should, at a minimum:

- a) ensure all medication is stored safely and in line with guidance
- b) ensure medication parental permission and recording forms are consistently completed accurately and where appropriate, include signs and symptoms for when medication will be administered.

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).

This area for improvement was made on 21 March 2023.

Action taken since then

This area for improvement has not been fully met and remains in place.

Previous area for improvement 2

To keep children healthy and reduce the risk of the spread of infection, the provider and management team should ensure that appropriate infection prevention and control processes are in place, in line with Health Protection Scotland's 'Infection prevention and control in childcare settings (daycare and childminding settings)'. This should include, but is not limited to:

- a. children and staff practice effective handwashing procedures
- b. ensuring doors to personal care areas are not wedged open
- c. ensure all areas of the service are free from unnecessary clutter to ensure effective cleaning regimes can be implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 21 March 2023.

Action taken since then

Regular monitoring had led to an improvement in practice. This area for improvement has been met.

Previous area for improvement 3

The provider and management team should review and improve the deployment of staff to ensure the individual needs of children can be met.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 21 March 2023.

Action taken since then

Recent team changes within playrooms had been successful. A balance of staff skills and knowledge supported more effective deployment of staff. 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	4 - 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?	4 - Good
4.3 Staff deployment	4 - Good

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