

Stuartfield Preschool Group Day Care of Children

Stuartfield Village Hall
Burnett Street
Stuartfield
Peterhead
AB42 5DN

Telephone: 07484528009

Type of inspection:
Unannounced

Completed on:
7 February 2024

Service provided by:
Stuartfield Preschool Group

Service provider number:
SP2003000463

Service no:
CS2003002589

About the service

Stuartfield Preschool Group has been registered since 2002. The service is provided by a voluntary committee of parents and is a registered charity. The service is registered to provide a care service to a maximum of 32 children at any one time aged from 2 years 6 months to not yet attending primary school.

The service is accommodated in a room within Stuartfield Village Hall. Children also have use of the larger hall at times. The car park is cordoned off and used to provide daily access to outdoor play. The service is in partnership with the local authority to provide children with free pre-school education.

About the inspection

This was an unannounced inspection which took place on 5 and 6 February 2024 between 09:20 and 15:00. 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
- reviewed 11 responses to our request for feedback from parents via MS Forms
- spoke with the manager and staff
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted from kind and nurturing interactions with staff which promoted their confidence.
- Children were well settled, happy and engaged in their play and learning.
- Children benefitted from an environment that was safe and welcoming.
- There were opportunities for parents to be involved in the development of the service. Work was being undertaken to find ways to promote children's participation in this.
- Children benefitted from a staff team with a wide range of skills and experiences who worked well together.

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 and clearly outweighed areas for improvement.

Quality Indicator 1.1: Nurturing care and support

Children benefitted from kind and nurturing interactions with staff which promoted their confidence. Children were supported to build relationships with peers and staff which encouraged them to feel accepted and included. Staff knew children and their families well and consistently used strategies in place to promote children's wellbeing and development. For example, when supporting children to try new foods or develop their vocabulary. Parents indicated that they were happy with the care their children received with comments including, "I love how the nursery staff are with my child. It's brilliant we have such a great nursery on our doorstep" and "Staff always friendly and willing to help".

Children's privacy and dignity was supported during personal care. This included promoting children's independence during visits to the toilet and providing encouragement and reassurance when children needed changed.

Mealtimes were a relaxed, sociable experience for children. Staff sat with children which provided opportunities to form and maintain relationships and support language and communication skills. Interactions between children and staff were particularly good at snack time. There were a variety of topics discussed between the children and support was given in listening to each other and contributing.

Although one parent queried how healthy the snack was we saw that children enjoyed a healthy morning snack of fruits and vegetables. Lunch was delivered from a local primary school and also met with nutritional guidance to support children's health. Children's independence skills were supported through choosing and serving their own food and drink. Staff were supportive of children who were new to the routine or needed assistance. This promoted children's confidence. Children were not participating in the preparation of snack. The manager and staff agreed to implement this as an opportunity to further promote children's development.

Personal plans contained information to keep children safe such as contact details or any medical needs. There was also information about areas where children needed further support and strategies on delivering this. This promoted a consistent approach to supporting children's health and wellbeing. Staff knew children very well and had a good awareness of the children's information. This enabled them to identify and meet children's individual needs.

Children's health was supported through the appropriate storage of medication and recording of children's medical needs. We suggested minor changes in the layout of the forms to promote ease of accessing the information. The manager agreed to take this forward.

Children's safety was promoted through staff's understanding of their role in identifying, recording and reporting any safeguarding concerns. Staff attended regular child protection training and a policy was in place to further support staff in the processes should they identify a concern.

Quality Indicator 1.3: Play and learning

There were opportunities for children to experience planned and spontaneous play throughout their day. Planned activities were based around the observed interests of children as well as current events such as celebrations and weather. Children's spontaneous play was supported by independent access to resources and support from staff to express choices and preferences. As a result children were happy and engaged in their activities. One parent commented, "My child comes home everyday from nursery with a smile on their face after having so much fun" and another told us, "Stuartfield nursery have really supported my child in their learning".

There were some opportunities for children to use numerical language and explore number within their play. For example, a staff member assisted children to measure themselves and then discussed the numbers with the children. More development of activities and resources in this area would provide more opportunities. For example, including rulers, maps, charts etc throughout the playroom.

Children enjoyed some activities which supported the development of language and literacy skills. These include spontaneous story telling and mark making activities. Again more development is needed so that children can consistently access activities to develop language and communication. This may include increasing the number and variety of books available and ensuring that they are provided throughout the play activities, rather than just the story corner. Increasing the variety of mark making opportunities across the playroom would also develop opportunities to encourage literacy skills.

Children had some opportunities to be involved in their local community through accessing amenities such as the play park, school grounds and local green spaces. There was some involvement in community fundraising and the manager hoped to expand community involvement in the future.

Senior and experienced staff showed skilled interactions with children which supported their learning. For example, at snack time or when discussing number with children during construction activities. The service should continue to develop these skills in the less experienced or less confident staff members.

Parents spoke positively of the communication they received via an online learning journal app. These journals were used to record observations of children's experiences and identify where learning could be extended. The observations were beginning to consistently focus on specific experiences of individual children and identify children's. For some children next steps were identified to promote the child's learning and development. However, staff skills and confidence in these areas were not yet consistent. The manager had identified this as an area for development and support for this was being given by the local authority.

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children enjoyed and had fun in an environment that was inviting and comfortable, one parent told us, "Well equipped and furnished setting. My child feels very comfortable and safe". This was supported by furniture and resources which were well-maintained and developmentally appropriate for the children. There were some areas which were a little more homely such as the story corner with a rug and cushions. However,

there was no clear area where children who were feeling tired or overwhelmed could go to rest or have quiet time. The manager and staff team felt the story corner had previously fulfilled this need but recognised that this was not consistently available. They agreed to develop this area so that children could experience a comfortable homely space.

Children had access to the outdoors every day by accessing the enclosed car park space, one parent commented, "Outdoor play is much more limited than I would like. The outdoor play space is very small and unforgiving when trips and accidents occur". Children had access to open-ended materials to support their play as well as resources to promote physical activity in this area. Access to this was currently planned for a time in the morning and again in the afternoon. The manager recognised that children should have more choice in when to play outdoors. They told us that in the summer they had the door open so children could move freely between indoors and outdoors. This was not possible in colder weather as the room became too cold to be comfortable. We asked that they continue to look for ways to support individual children's choice of when to access the outdoors.

Indoor and outdoor play areas were stimulating for children. The room was arranged into zones which supported children to choose where and how they wanted to play. There were opportunities for sensory, construction and imaginative play as well as art and craft activities and games.

Children's safety was supported by staff awareness of risk and proactiveness in removing any identified hazards such as spilt water or sand. Risk assessments were in place, however, those we sampled were not always clear or recently reviewed. The manager agreed to continue their audit of these and make changes were appropriate. We suggested that involving the children in the risk assessments would support their own awareness of how to keep safe.

Children's health was supported by clear infection prevention and control measures. This included the cleaning of surfaces and handwashing at appropriate times by staff and children. Children and their family's privacy was protected by the safe storage of their information.

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The service had a vision and aims statement which was shared with parents, this supported parents and staff to have a shared awareness of what was important for their children. The manager and staff were beginning to assess how this could be developed and embedded into their day-to-day practice.

There were opportunities for parents to be involved in developing the service. This included serving on the volunteer committee and expressing their views verbally or via questionnaires. Parental input had influenced decisions such as the increase in hours available. The manager recognised the importance of hearing children's voice and was in the process of developing how best to seek and record this. This should be developed so that parents and children can influence the self-evaluation and development of the service.

The manager had recently implemented a quality assurance calendar to support them in auditing and assessing the quality of the care provided. Currently this was focusing on paperwork such as an audit of accidents and of personal plans, alongside reviews of policy. We discussed ways of assessing the day-to-

day practice and the routine care that children received. Currently the manager undertook the majority of quality assurance tasks and we suggested that this would be more manageable if other staff were involved.

The quality assurance and input from local authority visits were being used to identify areas where development could lead to improved experiences and outcomes for children. We suggested that including best practice guidance, such as 'Realising the ambition' and 'A quality framework for day care of children, childminding and school aged childcare', could also support this self-evaluation process.

Improvements were being planned and implemented. Some of these could be seen to have had a positive impact on children's experiences. For example, recent changes in the lunchtime routine or a review of nappy changing provision. However, other plans seemed to have lost momentum, for example, to improve the planning and assessment for children's learning. Consistently including clear timescales, reviews and evaluations for each change may support progress of the developments.

Children's safety was supported by the manager's and committee's knowledge and understanding of safe recruitment processes. However, one of the recruitment records we sampled showed that a member of staff started prior to both references being returned. We discussed this with the manager who had a good understanding of why this had happened and that the delay was less than two weeks. We discussed how these situations should be recorded and managed to promote a consistent approach to recruitment checks which adhered to policy and best practice.

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, therefore we evaluated this key question as very good.

Quality Indicator 4.3: Staff deployment

The manager and provider recognised the importance of having enough staff to meet children's needs and promote their wellbeing. Children benefitted from a staff team with a wide range of skills and experiences who worked well together. Children were comfortable and relaxed in their interactions with staff, confident in inviting them into their play or seeking support.

Busier times of the day such as mealtimes or arrival and departure times were well planned for. Arrangements were in place to promote a continuity of care across the day. This included staff having time to greet parents and share information, which supported positive relationships and information sharing. Staff breaks had no impact on children's experiences and processes were in place so that absences, planned or unplanned, were covered by staff known to the children and families. Parents told us that, "Nothing is too much for the team. They always have time for my child".

Staff showed a very good awareness of what was happening within the room and where children may need extra support. They were flexible in their approach and communicated well to ensure that adequate support and supervision of children promoted their safety and wellbeing. Staff treated each other with consideration and respect, this provided positive role modelling and a relaxed and happy atmosphere for children to enjoy.

An effective induction process was in place to support staff to feel confident in their role. This included use of the document 'National Induction Process'. New staff told us that they felt supported and valued in their role. All staff told us that they felt the team work and support was a strength of the service.

Regular staff meetings promoted the team work and provided opportunities for information sharing and to exchange ideas and share experiences. Staff were committed to delivering a high quality service and were accustomed to reflecting on their practice and considering where improvements could be made. This supported positive outcomes and experiences for children, through an ethos of continuous improvement.

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 manager and staff should ensure that the GIRFEC National Practice Model is implemented and children and families directed to any additional help and support they may need.

National Care Standards for Early Education and Childcare Up to the Age of 16 - Standard 3: Health and Wellbeing

This area for improvement was made on 9 May 2018.

Action taken since then

Senior staff showed an awareness of factors which can impact a child's wellbeing and how support can be offered to children and their families. Wellbeing indicators were being used in planning and risk assessing activities.

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.