

Flexible Childcare Services Scotland - Kilmarnock Day Care of Children

Centrestage
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Type of inspection:
Unannounced

Completed on:
21 February 2024

Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
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Service no:
CS2022000186

About the service

Flexible Childcare Services Scotland - Kilmarnock is registered to provide a care service to a maximum of 44 children at any one time. Of those 44:

- no more than 10 are aged under two years
- no more than 34 are aged two years to those not yet attending primary school with no more than 10 aged two years to under three years.

Adult:child ratios will be a minimum of:

- under two years - 1:3
- two years to under three years - 1:5
- three years and over - 1:8 if the children attend more than four hours per day
- or 1:10 if the children attend for less than four hours per day.

The service is accommodated within Centrestage, Kilmarnock. There are two main playrooms and a small outdoor play area. The service is situated close to a local school, park, and other amenities.

About the inspection

This was an unannounced inspection which took place on 20 and 21 February 2024. 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 registration information, information submitted by the service, and intelligence gathered.

In making our evaluations of the service we:

- spoke with children using the service
- contacted 23 of their parents/carers
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were cared for with nurturing approaches.
- Staff knew the children's personalities and interests well and provided consistent care to support their health and wellbeing.
- The environment was clean and well maintained.
- Children's toilets were spacious, clean, and fresh, enabling staff to support children in their personal care.
- The playrooms looked inviting and were well resourced. This included some loose parts, natural materials, and real life resources.
- Planning approaches were in the process of development. They should be fully embedded into practice to help children reach their full potential.
- The manager of the service promoted a culture of continuous improvement using self evaluation and quality assurances processes.
- Children were cared for by motivated staff 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?	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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

1.1 Nurturing care and support

Children and their families benefitted from positive relationships with management and staff. Whilst they commented staff were friendly and approachable, some parents said they would like more opportunities to visit the playrooms. Some parents felt they received good communication around their child's day, however a few parents were less confident in the quality of information provided. During feedback we discussed ways to further develop parental engagement and the manager agreed to action this.

Children were supported by kind staff who were responsive and attentive to their needs. Staff were patient and encouraging and used soothing and calm tones when speaking. This contributed to a relaxed ethos where children were happy to play and explore.

Children were supported with respect, kindness, and loving care when helped with their personal care. This helped them feel safe and at ease.

Children were supported to be kind and respectful of others. In the baby room, children were encouraged to look at mirrors and replicate their expressions of feeling happy and sad. This helped them understand how they were feeling in order to understand the feelings of others. Older children were encouraged to be mindful and considerate of their peers, helping to create a caring and kind ethos.

Sleep patterns from home were reflected and supported by the service. In the baby room, children were soothed to sleep by caring staff. Supervision and comfort was continued as they slept, helping to keep children cosy and safe. In the two-five room, a few children were encouraged to rest and read a story after lunch. This meant they were well rested and energised for the afternoon.

Children's personal plans were in the process of development. Personal planning formats had recently been changed to better reflect children's care needs. Review meetings with parents were ongoing and parents 'strongly agreed' or 'agreed' that they felt involved in developing their child's personal plan. This led to consistent care and a nurturing approach from staff who knew the children's personalities and care needs well. We suggested a few children may benefit from an additional support plan, such as when settling or toilet training, and the manager agreed to take this forward.

Children experienced calm and relaxed snack and mealtimes. Snack was unhurried and a sociable experience for children. In the baby room, staff were initially focussed on the task of organisation of snack but once completed sat with the children. This meant they were provided with the support they needed to keep safe. Children were offered a nutritious lunch which looked appetising. It was well organised and children were seated and served quickly. There were opportunities for children to choose sandwiches and self serve drinks. Staff sat with and supported children during lunch, encouraging good manners and social skills. A few children with packed lunches would benefit from more choice and healthy options. We signposted the guidance, 'NHS (Nation Health Service) Ideas for Packed Lunches', to share with parents.

1.3 Play and learning

Children were happy and enjoyed being at nursery. They were confident learners and relaxed in following nursery routines. For example, in the baby room a few babies took themselves to bed after lunch. Routines

for going outside were well managed to minimise the time getting dressed to go outdoors. In the two-five room, story time before and after lunch was enjoyed by the children and helped settle and encourage a restful time.

Children were actively involved in leading their play and learning through a balance of spontaneous and planned play experiences. Group time activities were appropriate in sustaining children's engagement and enjoyment. In the baby room staff were responsive when children started singing. In the two-five room, children enjoyed a welcome time where staff shared plans for the day. Children were able to choose where they wanted to play and why. They benefitted from opportunities for free-flow indoor and outdoor play. This promoted children's independence and supported their emotional health and wellbeing.

Planning approaches had changed and were beginning to impact on children's learning and development. A focus week approach where an individual child's learning was observed by staff and recorded had been introduced. Staff were beginning to feel confident in using this approach to plan play experiences based on children's interests. For example, children had been involved in activities to develop their understanding of spring. However, some parents did not yet fully understand this process and told us they would like more information on their child's learning. Some children did not have enough observations in order for staff to plan to meet their individual progress and development. We discussed the importance of using both observations from the focus week and spontaneous observations of children's experiences to inform planning and develop next steps for children. This was identified as part of the service improvement plan (see area for improvement 1).

Staff interactions to support children's learning was varied depending on staff skills, knowledge, and experience. Staff were kind and responded to children's interests. For example, in the baby room they talked about diggers with children. In the two-five room, children had fun making pizza and soup with staff.

Learning in language, literacy, and numeracy was promoted in some play experiences. Children enjoyed stories and songs and vocabulary was encouraged through discussions. There were some opportunities for mark making when painting and drawing. There were less opportunities embedded in play opportunities for numeracy development. We discussed further developing these opportunities through staff interaction, messy play, and choice of resources. The manager advised staff training in high quality interactions was ongoing.

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. For example, children visited the local park and accessed facilities within Centrestage, Kilmarnock, a community resource using the arts to bring people of all ages and backgrounds together. They also visited the local shops. Intergenerational links with other groups were in the process of development.

Areas for improvement

1. To support children to achieve their full potential, the provider, at a minimum, should ensure that:

- a) Staff are knowledgeable and trained in supporting children's play and learning.
- b) The tracking and recording of children's development is fully embedded in practice to inform purposeful and meaningful play and learning experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

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.

The service was accommodated within Centrestage, Kilmarnock. The playrooms were bright, spacious, and well ventilated. The building was well maintained with good quality furnishings and equipment.

Children were cared for in a clean and fresh environment. Staff followed infection prevention and control practices to keep children safe and well. Children benefitted from spacious toilet facilities. This enabled staff to fully support children in their personal care whilst ensuring their dignity and privacy.

The foyer looked welcoming for parents. Information about the setting, children's learning, and other local groups were on display. This helped keep parents informed and promoted ongoing family engagement.

The environment supported children's safety. Procedures were in place to restrict access from members of the public and keep children safe in the building. Risk assessments and daily checks helped identify any potential hazards. We discussed involving children in risk assessing the areas for play to help them understand how to keep safe and recognise potentially dangerous situations. The manager agreed to action this.

Children were able to play in inviting and welcoming play spaces. The two-five room was attractively resourced and divided into play zones which supported children's choice. Real life resources, natural materials, and loose parts had been introduced to support children's creativity and imagination. The baby room looked less attractive, however the spaces were well used and children were comfortable. Whilst a nice space had been created for sleep and quiet play, there was not an adult chair or sofa to support cuddles with the children and staff wellbeing. During feedback, the manager advised a sofa had recently been removed whilst ongoing changes to the environment were in process and would be returned.

Children benefitted from an environment painted with neutral colours. Lamps and soft furnishing promoted a calming and restful learning environment. There were some wall displays with family photos and children's artwork. However, this could be further developed to provide children with a feeling of belonging.

The outdoor environment was small and in the process of being developed. Children had fun playing in the sand and photographic evidence was available of children enjoying playing in the mud kitchen. There were less opportunities for planting and developing an understanding of the world around them. The manager advised development of the outdoor learning environment was ongoing.

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.

The manager of the setting was very enthusiastic and dedicated in providing good outcomes for the children and families in their care. Staff and parents 'strongly agreed' that leadership within the team enhanced the

delivery of high quality practice. A parent commented, "The manager is wonderful and I feel our child is extremely well looked after with them leading the team".

The vision and aims of the service helped staff understand how to meet the needs of children and their families. An attractive wall display shared these aspirations with parents. This meant everyone knew what to expect from the service.

The service promoted a culture of inclusion and working together to improve outcomes for children. Most parents 'agreed' or 'strongly agreed' that they were involved in a meaningful way to help develop the setting and that their ideas and suggestions were used to influence change. Questionnaires had been issued to gather parent views on the quality of service provision. Some parents suggested communication could be improved and ways to develop this were being considered. A stakeholder's group to inform and involve parents and members of the local community had been introduced.

Self evaluation and quality assurance processes led to improved outcomes for children. Ongoing self evaluation using guidance, such as the 'Quality Framework' and 'Realising the Ambition', helped identify where improvements could be made. These included planning approaches to support children's progress, an improved learning environment, and improved self evaluation. Progress in each area been made. For example, significant changes to the learning environment led to more engagement and sustained play.

A PDSA (plan, do, study, act) cycle of improvement was used to support a culture of continuous improvement. This was beneficial in improving the mealtimes experiences for children which were now more relaxed and unhurried.

Monitoring of staff practice, staff meetings, and support and supervision supported staff to reflect on their practice. This helped identify where further training would be beneficial. This led to ongoing training and development in improving staff interactions to support children's learning and development.

Staff were encouraged to have high aspirations and confidence in their ability to support children and their families reach their full potential. As a result, they were enthusiastic to take on leadership roles to support improvement. Responsibilities included curriculum planning and improving the learning environment.

How good is our staff team?

4 - Good

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

Staff interactions were kind and children were happy and settled. Parents 'strongly agreed' that staff had the appropriate skills, knowledge, and experience to care for their child and support their learning. They commented, "The team are absolutely amazing and even when there have been issues they are always polite and respectful. They always go above and beyond to ensure my child's wellbeing and happiness".

Children were supported by a staff team with a balance of skills and experience. Newer staff felt welcomed and supported by management and colleagues. The 'National Induction Resource' was recognised as beneficial in supporting staff confidence and competency. All staff were encouraged to revisit this resource to promote consistent high quality care.

The approach to staffing meant there were enough staff to keep children safe and well. There was a positive ethos of attendance and any staff absence was well covered. Staff breaks were well planned and did not

impact on the supervision of children at busier times of the day, such as mealtimes or arrival and departure. However, a few parents felt there were not enough staff towards the end of the day to provide quality handover details. The manager advised they were in the process of recruiting.

Children were supported by a team who worked well together. They were flexible when tasks took them away from their interactions with the children and communicated with each other to ensure children's experiences were not compromised. They told us they enjoyed working at the service and felt the positive relationships between staff was a strength of the service.

Staff were knowledgeable in supporting children's safety and wellbeing. They demonstrated a good knowledge of safeguarding children and in infection prevention and control procedures. They were committed to professional development to support continuous improvement and good outcomes for children.

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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
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?	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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