

# Ailsa Family Learning Centre Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 February 2024

**Service provided by:**  
North Lanarkshire Council

**Service provider number:**  
SP2003000237

**Service no:**  
CS2003015383

## About the service

Ailsa Family Learning Centre is a daycare of children service provided by North Lanarkshire Council and located in the town of Motherwell. It is located close to local amenities including transport links, parks, shops and primary schools. The service is registered to provide care to a maximum of 87 children not yet attending primary school, at any one time. Of those children, no more than six are aged under two years; no more than 25 are aged two years to under three years and; no more than 56 are aged three years to those not yet attending primary school full time.

The service is provided from two adjacent single storey buildings in Motherwell: one building is mainly for children aged under three years while children aged three to five years are accommodated in the other building together with adult facilities. Each building has direct access to its own safely enclosed outdoor play area, where children can participate in active play in the fresh air.

## About the inspection

This was an unannounced inspection which took place on Wednesday 21 February 2024 between 08:00 and 18:00. We concluded the inspection on Friday 23 February 2024 when we also gave inspection feedback to a representative of the service provider, the manager, and depute. 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 throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children and reviewed survey responses from 19 parents
- spoke with the management team and staff. We also reviewed survey responses from 10 staff
- had contact with four visiting professionals from external agencies
- observed practice and staff interactions with children
- reviewed documents.

## Key messages

- Children were settled and played happily in their playroom. Children were supported to feel included as the setting had good links with other agencies for specialist support, when needed.
- Management and staff had positive relationships with families, which contributed to children feeling secure within the setting.
- Children's play spaces had been developed with resources that reflected their needs, and created new play and learning opportunities.
- To ensure the safety of children was maintained, the service needed to further develop risk assessments.
- To support high quality outcomes for children and families, the management team should further develop systems to monitor and evaluate the service.
- Staff were flexible and supportive of each other. They should continue to build as a new team to ensure continuity in the quality of children's experiences.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

### **Quality Indicator 1.1: Nurturing care and support.**

The setting had a warm and welcoming ethos that was greatly appreciated by families and visiting professionals. We received feedback from four professionals who believed that communication between themselves and staff was good. This meant there was effective joint working, which supported children to achieve. Informal daily conversations with families supported staff to know children well, and share knowledge about their changing needs and development.

Children's overall wellbeing was supported through personal planning. All 19 parents surveyed agreed that staff knew their child well, including what they liked and what was important for their care. Illustrated by one parent's comment, "We are super impressed by Ailsa nursery. The care and nurture they provide to the children is absolutely outstanding. This is our third child to attend Ailsa nursery and our experiences over the past seven years have been incredible. The staff make Ailsa nursery a happy, safe and nurturing place for all children and I am hugely grateful to them all for their hard work, dedication and amazing care they have given and continue to give each and everyday! My child is happy and safe at Ailsa nursery and when a child is three...that's all that matters!"

Information recorded about children's family, medical needs and interests helped staff to provide individualised care. We found there were inconsistencies in the depth of information recorded dependent on staff experience and time to evaluate individual children's needs and progress. Further development of targets and support strategies would encourage a consistent approach to helping children reach their full potential. We have made quality assurance an area for improvement under 'How good is our leadership?'

We evaluated how children were nurtured through their daily routines. The setting provided meals and snacks for children. They liaised with the external kitchen to make sure that an appropriate menu was provided for children's special dietary needs and allergies. We particularly liked that special diets were served in individual serving dishes so that children had the opportunity to develop life skills through serving themselves. Any specialist feeding was undertaken discretely so that all children felt included. Children were well supervised to ensure their safety when eating.

The setting had introduced new routines to support children with various transitions across the day. Whilst some routines, such as lunchtimes for children aged three to five years, took into consideration children's patterns of attendance, these needed to be regularly evaluated to ensure that routines were flexible and responsive to children's individual needs. For example how long they needed for their meal and whether there were sufficient resources for children to play with while waiting to move back to their playroom or to be picked up by their parents. This would support children to feel valued and that their voices were heard.

Children were kept safe and protected from harm as there were clear child protection processes in place. Staff confirmed that they had participated in annual child protection training and demonstrated a good understanding of their roles and responsibilities in relation to keeping children safe and planning to support children's health, care and wellbeing needs.

**Quality Indicator 1.3: Play and learning.**

Most children were actively engaged in leading their own play and learning through a balance of free play and planned activities. We observed them having fun as they explored their environment and used their imagination with available play materials. For example loose parts, dressing up clothes, construction toys and sensory materials such as playdough and sand. 'Loose parts' are materials with no fixed purpose that can be moved and manipulated by children as they try out their play ideas. As a result children's creativity and curiosity were promoted while they problem solved. Staff often placed themselves at children's level and showed a genuine interest as children shared their ideas and invited staff to join their play. This was confirmed by parents' comments, such as, "Fantastic variety of play opportunities and the staff encourage the children in every area to explore and extend their learning."

Children had the opportunity to play and learn within the community. Neighbourhood walks, visits to parks, shops and the local care home helped promote wellbeing and social development. Parents were invited to share in their child's play and learning by participating in stay and play sessions, staff within the under three's playroom had collated positive parent evaluations of these. In our survey, parents agreed that they were fully involved and informed about their child's learning and development.

Planning approaches were used by staff to reflect children's interests, needs and life experiences. We sampled floor books and found that annotated photos of children and their mark making demonstrated that children's views had been listened to. Although there were links to national curriculum experiences and outcomes, there was less evidence of how staff planned to extend children's learning and individual progress.

Wall displays, newsletters and social media updates were used by staff to share children's learning and achievements with parents. However, staffing shortages meant that observations and reporting on children's learning had not been as frequent as planned. Both parents and staff commented in our survey that they would have liked the setting to introduce online learning journals for children. The management team recognised that this would be a priority moving forward. This would further develop the shared learning between the setting and children's homes, and strengthen the communication with families.

**How good is our setting?****4 - Good****Quality Indicator 2.2: Children experience high quality facilities.**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Playrooms were bright and clean, with good ventilation and a range of good quality wooden furniture. It gave a strong message to children that they mattered. There was separate comfortable adult space, which contributed to staff and parents feeling valued and nurtured. The service provider had systems in place for maintenance and repairs, which ensured the environment was safe for children and adults to use. Overall, infection prevention and control practices also supported a safe environment for children. For example, good practice including cleaning of the premises and supporting children to wash their hands minimised the potential spread of infection.

In response to our previous advice, the layout and resourcing of the playrooms had improved the quality of children's experiences. For example, free flow between the two three to five playrooms gave scope for children to choose between individual play, or small group activities and gatherings. All children had access

to plenty of cosy spaces to rest or enjoy quieter play. Within the playroom for children aged under three years, staff had considered the use of dimmed lighting to soften the sensory stimulation for some children.

Parents responding to our survey strongly agreed that children could choose to play indoors or outdoors. This was most evident to us when observing children in the under three playroom, where there was free flow access to outdoors in all weathers, supporting children's health and wellbeing. Children were mostly physically active, enjoying climbing, sliding, crawling as they explored the equipment and open ended materials. Children who were unable to walk independently were supported to participate in outdoor play, highlighting the inclusive approach of staff. In the three to five playroom there was a well equipped cloakroom area, adjacent to the outside door, with mirrors and a photographic display demonstrating for children how to independently put on outdoor clothes. Staff explained that the door was kept shut due to a previous risk assessment and to staffing shortages, but that they were intuitive to children's wishes to go outdoors. We observed small groups of children periodically going outdoors and enjoying splashing in puddles and inventing games. At feedback we discussed management working with staff to evaluate equality in children's access to outdoor experiences. We referred them to best practice guidance, such as 'Realising the Ambition: Being Me', to assist with this task (see area for improvement 1).

Children were protected from harm through a variety of safety measures. For example, secure entry to the premises, safe storage of hazardous materials, and appropriate supervision of children. However, we found that risk assessments could be more meaningful and responsive to ensure children's safety, such as indicating the level of risk and how this could be mitigated. We have made quality assurance an area for improvement under 'How good is our leadership?' Children's personal information was stored securely to ensure families' privacy. Information was accessible to relevant staff whilst remaining confidential. It highlighted the service commitment to understanding and following guidelines on data protection.

## Areas for improvement

1. To support children's play, learning and wellbeing, the manager and staff should evaluate children's access to outdoor experiences. Improvements need to ensure that there is equality in free flow access to outdoor play for children of all ages. Staff should refer to best practice guidance, such as 'Realising the Ambition: Being Me', to evaluate children's experience and play environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

## How good is our leadership?

### 3 - Adequate

#### Quality Indicator 3.1: Quality assurance and improvement are led well.

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

The management team and staff engaged well during the inspection process, providing additional evidence and taking on advice and support, which demonstrated their commitment to continued improvement.

Staff all felt well supported in their role by the manager and intimated they had an open door to pastoral and professional support from the management team. Their comments included, "We are very lucky to have a management team that support us and work with us on the floor. They engage and play with children in our nursery as well as carrying out their management roles". However annual staff appraisals and formal

one to one meetings had become infrequent. Access to professional activities had also been limited. Forty percent of staff surveyed disagreed they had opportunities to meet up with other staff and talk about their day-to-day work. More meaningful and frequent staff consultation was needed to ensure they shared and understood the setting's improvement plan and priorities. There was due to be significant changes to the staff team, which would provide a timely opportunity for the manager to work with staff to identify leadership roles based on the service improvement priorities and self evaluation as well as their individual interests. This would enable a more strategic approach to staff development and give staff a better understanding of how they could influence change.

The management team should consolidate quality assurance systems to ensure continuous improvement. This will help demonstrate the impact of various initiatives on outcomes for children. The manager agreed that the redevelopment of the service's vision, in partnership with staff and families, would help establish a shared approach to achieving positive outcomes for children and families. Consideration should also be given to how monitoring contributes to children and families experiencing consistently positive outcomes. We have highlighted monitoring children's personal plans' content risk assessments and staffing within the relevant sections of this report. We discussed with the manager how some of the monitoring tasks could be shared across the management team and, where appropriate, other members of staff. Delegating tasks promotes leadership at different levels, which builds on individual strengths of staff and contributes to their professional growth. (See area for improvement 1.)

The service regularly sought the views of families, through daily chats, emails, and questionnaires. This had helped ensure parents felt included within the life of the setting and that their contributions were valued by management and staff. Parent comments about the quality of leadership included, "The leadership team are present and welcoming, they seek parental views and respond to any queries quickly". Continuing to strive toward involving everyone meaningfully in self-evaluation of the setting would ensure the quality of the service continues to improve.

## Areas for improvement

1. To ensure that all children experience high quality care and learning within a safe environment, the service provider and management team should ensure there is a robust and transparent quality assurance system in place. To achieve this, the manager at a minimum, should ensure:

- the quality assurance system empowers staff and supports a culture of continuous improvement;
- that monitoring processes focus on supporting children's safety, wellbeing and progress.

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

**3 - Adequate**

### Quality Indicator 4.3: Staff deployment.

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

The service provider had safe recruitment practices in place to ensure children were cared for by staff who were fit to work with them. A comprehensive induction programme detailed how individual staff would be supported and guided in their roles and responsibilities by the setting. Although the individual buddying

system between experienced staff and new recruits had not been fully implemented, the management team was visible in the playrooms and spent a high volume of time informally modelling good practice and supporting staff. We encouraged the manager to use resources from Scottish Social Services Council (SSSC) leadership learning pathway to support experienced staff to take on a mentoring role for their peers. SSSC is responsible for registering people who work in social services and regulating their education and training. More opportunities for professional and reflective practice discussions through annual appraisals and team meetings would help staff to develop shared understandings and consistency of practice with children.

During our inspection we observed that there was enough staff to meet minimum required ratios. As staff worked different shifts, we liked that there were photos of staff on duty within each playroom and information about their shift pattern that week. This gave families reassurance that consistent staff were present, who knew their child and their needs. Staff believed relationships with families was a strength of the service and perceived themselves as a strong team. This promoted a happy and secure environment for children. Children were supported to reach their potential as staff were confident in seeking advice from external agencies when needed. There were effective examples of shared strategies to support children and families within the setting as well as the wider community, such as language land, stay and play and 'PEEP'. The peep learning together programme raises parental awareness and models how singing, talking, playing and sharing books and stories together help strengthen relationships and develop children's listening, talking and later literacy.

Staff mainly communicated well with each other and the manager had recently introduced a mobile front door bell and internal phone system to promote this. Staff believed that children were supported by the right number of staff to meet their care, support and learning needs. Within the under threes playroom, there were smaller numbers of children attending and we observed that staff supported each other to work as a team to benefit children. They naturally called each other for assistance when needed. However, we found that the approach to staffing for older children was less outcome-focused, for example at departure times there were gaps in staff capacity to keep children safe and promote high quality outcomes for them. The manager should monitor the deployment of staff between playrooms so that staff are confident to move to where they are needed and are sharing good practice in how they support children. We have made quality assurance an area for improvement under 'How good is our leadership?'

All parents in our survey agreed there was always enough staff in the setting and also that staff had the appropriate skills, knowledge and experience to care for their child and support their learning. Their comments praised staff professionalism and compassion, "Staff team work well together and have a range of skills that they bring to the nursery" and "Every time I go to Ailsa they are very professional, patient and full of smiles when they receive the children in the mornings". A few parents highlighted the external pressures on the team while stressing this had not compromised the quality of care, for example, "Only thing I have noticed is less staff, although staff are well equipped too look after the children, I feel more staff would take the strain from the regular staff and level out the ratio of staff/children. However, this I do not believe this is within the staff/nurseries control and more of a local council issue."

In our survey and in discussions with staff, it was highlighted that some felt that the setting would benefit from extra staffing to fully meet children's individual needs. The service provider's staff deployment model for the setting had recently been reviewed and a recruitment drive was in process, which would help ensure the setting fully met children's needs.



## 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

We recommend that children are better supported to participate in freely chosen, extended play, which is stimulating and encourages problem solving, curiosity and creativity. To achieve this consideration should be given to;

- Developing the play spaces, and toys and equipment within them
- Increased use of natural resources
- Utilising all areas available to children
- Incorporating children's interests further in play
- Access to outdoors.

**This area for improvement was made on 5 February 2019.**

#### Action taken since then

Children experienced well resourced, thoughtful spaces that reflected their current interests. As a result children were more engaged and focussed in their play and learning. A sensory room had been created for children of all ages but staff, particularly with younger children, made very good uses of natural materials for example wooden massagers being gently rolled on children's back and soft brushes tickling their skin.

This positive touch supported children's wellbeing. We had commented on the need to improve children's access to outdoors and whilst children aged under three years enjoyed free access, children in the three to five playroom had limited access to outdoors during their day. We have made a new area for improvement to ensure children of all ages and abilities are able to independently access outdoor play.

### 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?	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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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