

Kintore Playgroup Day Care of Children

Kintore Primary School
Castle Walk
Kintore
Inverurie
AB51 0RU

Telephone: 01467 539 979

Type of inspection:
Unannounced

Completed on:
8 March 2024

Service provided by:
Kintore Playgroup an Association

Service provider number:
SP2003000510

Service no:
CS2006126249

About the service

Kintore playgroup is registered to provide a daycare of children service to a maximum of 25 children, aged from three years to those not yet attending primary school. The service is based within Kintore Primary School. The setting consists of a large playroom and a fully enclosed outdoor area. Children also have access to school facilities. The service is within easy access to the local amenities such as the parks, woodland areas and shops.

About the inspection

This was an unannounced inspection which took place on 7 March 2024 between 09:00 and 16:30 and 8 March 2024 between 09:00 and 10:30. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for 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:

- observed children using the service
- received feedback from seven families from our online questionnaire
- received feedback from three staff from our online questionnaire
- spoke with the staff and management team
- observed practice
- reviewed documents.

Key messages

- Children were supported through kind, caring interactions.
- Staff's knowledge and the procedures in place supported children to be safe and healthy.
- Good community connections ensured children were included.
- Daily routines should be reviewed to ensure children experience good opportunities for uninterrupted indoor and outdoor play.
- Quality assurance measures needed to be further developed to ensure positive outcomes in all areas.
- Whilst children took part in fun activities they enjoyed; the staff team should further develop their approaches in supporting children's progress.

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?	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 quality indicator 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 were happy, confident, and settled in the service. They experienced warm and nurturing care from staff which supported their health and wellbeing. Staff provided reassurance and comfort supporting children to feel valued and secure in the setting. A parent told us, "Kintore playgroup is such a friendly and warm service that gives my child such a positive early years' experience."

Children benefitted from some opportunities to develop their independence, such as accessing resources and play equipment independently. We suggested this could be extended throughout the session, for example, children removing and putting away their jackets when coming in from play. This would further support children to be independent and develop key skills.

Personal plans gathered information from families that was mostly relevant to the continued care and wellbeing of children. Children's plans considered the SHANARRI indicators which are safe, healthy, achieving, nurtured, active, respected, responsible and included. Personal planning could be developed further to ensure children with additional support needs, such as English as an additional language or medical needs, have detailed care and support plans in place. This would ensure children experience consistent approaches from all staff, including relief staff members.

Children benefitted from mostly healthy and plentiful food choices for snack and mealtimes. The lunchtime experience offered children some opportunities to develop independence and social skills. For example, children chose where they wanted to sit, poured their own drinks and spread their crackers. Staff sat with children and chatted, resulting in a relaxed, social and well supervised lunch experience. Snack routines did not always offer the same opportunities for children to develop independence and be healthy. For example, afternoon snack was a biscuit served on the mat in the playroom. We suggested snack routines should be reviewed to fully support children to be healthy and included.

Children were kept safe and well by knowledgeable staff in the safe administration of medication and in safeguarding children. Staff were confident in who to go to if concerned about a child's wellbeing. Chronologies were in place to monitor and help ensure children and their families were provided with the support and care they needed.

Quality Indicator 1.3: Play and Learning

Children benefitted from some opportunities to lead their play. However, routines did not always fully support children to access long windows of uninterrupted play. For example, on the first day of inspection, free play had been interrupted by snack times and other group activities. We suggested these should be considered to allow children longer periods of time to play, further supporting them to explore and lead their own play and learning.

Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. For example, children enjoyed a visit to the library where they sang songs and read stories with

staff. In the playroom, children were seen to freely access books that they clearly knew well. There were some opportunities for children to mark make throughout the environment. However, opportunities to develop literacy and numeracy skills could be extended. The service should consider adding a range of measuring tools, scales, writing implements and reference books to the environment, further supporting children to reach their full potential.

Observations of children's individual development and learning were recorded and shared with families through an online platform. Most families who responded to our survey either strongly agreed or agreed with the statement: 'I am fully involved and informed about my child's learning and development'. Most observations highlighted children's learning and included some next steps for development. The service had identified the need to continue to develop the consistency of observations to support the identification of children's progress and next steps.

Planning approaches were child-centred and responsive to children's interests and life experiences. For example, whilst making volcanos with clay, a child's interest in making current buns was supported by a staff member. They discussed what they could use for money in the baker shop and counted out the buns. This demonstrated that individual choices and wishes were accepted and valued. However, intentional planning and evaluations of planned approaches should be reviewed to ensure successes, achievements and next steps are considered. Staff could consider recording experiences in partnership with children. This would give children the opportunity to revisit and reflect on their learning, with adult support. Improvements in the planning and observation processes should enhance opportunities for children to develop and learn at a pace that is right for them. **(See area for improvement 1.)**

Children's opportunities were enhanced through the strong community connections. For example, visiting professional, use of the school library and eco garden supported children to be included and created a sense of belonging.

Areas for improvement

1. Outcomes for children should be improved through supporting staff to implement a child-centred approach to observation, planning and assessment of children's learning through play. Families should be fully informed about their children's progress and achievement, and what they can do to support it. This would contribute to positive outcomes for all.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

How good is our setting?

4 - Good

We evaluated this quality indicator 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

Play spaces were clean, well-ventilated and bright. Children benefitted from appropriate furnishings that

were at their height, which allowed them to access them safely and independently. There were some comfortable and cosy spaces to support children to rest and relax. However, this could be further developed to promote a more comfortable and homely environment within the main play area.

Children had access to a range of resources indoors and were able to make independent choices during free play. Most resources were easily accessible and developmentally appropriate. These included some open-ended, and real-life resources promoting children's curiosity and creativity. Children accessed an outdoor space. Staff should consider the opportunities offered outside for children. For example, we found some areas were not resourced appropriately. The staff team shared plans for improving children's outdoor experiences. Children benefitted from some opportunities for open-ended play and we suggested this could be further developed and signposted the service to 'The Loose Parts Toolkit' on the Care Inspectorate Hub.

The environment supported children's safety. Procedures were in place to keep the front door locked and restrict access from members of the public. Risk assessments were currently under review. They identified risks and mitigations to reduce potential harm to children and staff. Some risk assessments considered the benefit of resources and activities. We discussed ways in which children could be involved in risk assessment processes, supporting them to develop their knowledge and understanding of potential risks.

Infection control procedures mainly supported a safe environment for children and staff. During food preparation and serving, staff followed best practice guidance and carried out effective cleaning of tables before and after snack. We observed children being supported to understand the need for good hygiene and hand washing at necessary times. We suggested children should wash their hands after eating to further help minimise risks of infection.

Children's personal information was stored securely to ensure families privacy. Information was accessible to relevant staff whilst remaining confidential.

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this quality indicator where strengths only just outweighed weaknesses.

Quality Indicator 3.1: Quality assurance and improvement are led well

The service's vision, values and aims were displayed at the front entrance of the service. They had been recently reviewed with children and families, supporting them to feel valued and included.

Formal and informal consultations with families provided some opportunities for them to influence service delivery. Most parents either agreed or strongly agreed with the statement 'My child and I are involved in a meaningful way to help develop this setting and our ideas and suggestions are used to influence change.' We could see that the service had sought the views of families to inform the ongoing development of the setting. For example, when reviewing the new vision for the setting, which had helped people feel listened to and respected.

Quality assurance processes were in the early stages of development. The manager had completed some audits of service delivery and shared a recently developed quality assurance calendar. We suggested any findings from audits should be recorded and shared with staff to support further evaluation and development. Monitoring of staff practices and procedures should be considered in the quality assurance processes to ensure consistency and positive outcomes for children. **(See area for improvement 1.)**

Improvement plans had considered relevant priorities to be developed within the setting and was informed through staff discussions. Improvement plans were reviewed regularly and actions recorded. We suggested the impact of these actions should be evaluated to strengthen the improvement planning processes.

Areas for improvement

1. To ensure the quality of children's experiences are improved, the provider should implement robust quality assurance processes, including self-evaluation, covering key areas of practice.

This should include, but not be limited to:

- a) regular, effective and focused monitoring is carried out across the setting
- b) robust and effective quality assurances processes are implemented with involvement from the staff team
- c) clear and effective plans are in place for maintaining and improving the service
- d) robust evaluations and audits are developed and implemented, with any actions addressed promptly.

This is to ensure that management and leadership 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 robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

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

Quality Indicator 4.3: Staff Deployment

Staff demonstrated kindness, love and interest to the children in their care. Children benefitted from a staff team who knew them well and supported their needs. This resulted in confident and happy children. A parent commented, "The playgroup has been fantastic for my little boy's social, emotional and educational development. The staff are welcoming, kind and knowledgeable."

Staff ratios supported children to be safe and well supervised at all times. Staff worked well as a team to meet children's needs. There was a positive ethos and we observed good communication throughout the day, with staff appearing to be clear on their roles. Staff breaks had been considered to ensure they did not impact on continuity of children's care. As a result, children were well supported and supervised at all points of the day.

Stay and play sessions offered parents some opportunities to be included in the service and children's day to day experiences. Communications with parents had been considered and parents were given key information about their child's day at handover. Children were dropped and collected at the front door of the service, which did not always offer opportunity for sensitive conversations. We suggested this could be reviewed to further support sensitive conversations and the formation of parental relationships.

Children benefitted from a staff team with a range of skills and experience. All staff had completed a basic training. Most had accessed a range of other training opportunities and talked confidently about their learning. We suggested training could be revisited after a period of time to evaluate the impact of training on outcomes for children.

The staff team reported that they felt well supported by each other and management. Appraisals supported individual staff members to celebrate their successes and identify challenges. We suggested the development of goals and regular follow-up meetings could be introduced, further supporting staff development.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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