

Little Flyers @ West Calder Day Care of Children

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West Calder
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Type of inspection:
Unannounced

Completed on:
7 March 2024

Service provided by:
We Care for Children Limited

Service provider number:
SP2010011353

Service no:
CS2015337313

About the service

Little Flyers @ West Calder is registered to provide a day care of children service to a maximum of 54 children up to entry of primary school at any one time. Of those no more than 29 are aged under three.

Care is provided from a two storey building located in a residential area of West Calder. The ground floor playrooms are occupied by children over the age of two years. The upstairs level is occupied by the children under the age of two years. Children also had access to a large secure garden and a sensory garden. The service is close to local amenities, schools and green spaces.

About the inspection

This was an unannounced inspection which took place on Tuesday 5 March 2024 between 11:15 and 16:15. We returned for a second day of inspection on Wednesday 6 March 2024 between 09:00 and 16:45. 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 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 and observed children using the service
- received written feedback from 15 parents and spoke to one parent
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

We gave feedback in the service on Thursday 7 March 2024 to the manager, senior management team, the provider and a representative from West Lothian Council.

Key messages

The manager showed commitment to responding quickly to identified areas for improvement, instilling confidence in their capacity to make improvements to enhance outcomes for children.

To keep children protected from harm, all management and staff need to fully understand their responsibilities in relation to making relevant child protection referrals to appropriate agencies.

Children would benefit from staff consistently demonstrating child centred, value based practice in line with children's rights.

Play spaces should be improved to inspire and motivate children to engage in purposeful play, in an environment which communicates to children that they matter.

Staff would benefit from support to develop their knowledge of child development, so they become more attuned to children's wellbeing and learning needs.

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?	2 - Weak
How good is our setting?	3 - Adequate
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator: 1.1 Nurturing Care and Support

Children under the age of two years benefited from warm and nurturing relationships with consistent caregivers who knew their needs and preferences well. As a result, younger children were settled and content. However, this was not embedded throughout the service. While some staff working with children over the age of two acknowledged children's emotions, listened and responded respectfully to their needs and wishes, this was not consistent practice. On a number of occasions staff were not attuned to children's needs, wishes and choices. When some children expressed their needs, or were upset, they were not acknowledged in a respectful and timely way. As a result, children's rights were not consistently being met. The management team must ensure that all staff understand and demonstrate child centred, value based practice in line with children's rights at all times **(see requirement 1)**.

During the inspection, an issue arose which caused us concern. Child protection procedures, in relation to making referrals to the appropriate agencies, were not correctly followed. Additionally, inspectors were not advised of the situation in due course. This potentially could have resulted in a child's care and safety being compromised. All management and staff must fully understand their responsibilities in relation to why, how and when to make relevant referrals to appropriate agencies. We made a requirement and informed the service on 14 March 2024, to enable them to begin work on meeting this at pace **(see requirement 2)**.

All children had a personal plan which was reviewed regularly. Personal plans could be more effective to assess children's needs in greater depth. For example, parents had noted in their child's personal plan that they did not eat very well at home, or in nursery. The child's support strategy was that staff would encourage them to try food and continue to offer them food, even if they refuse. There were missed opportunities to find out what were the child's food preferences and what could be the issue, such as texture related. Similarly, strategies could have included involvement in preparing own food or cooking activities. Moving forward, support strategies should be more explicit, outcome focussed and evaluated or amended to offer children ongoing appropriate support. Through effective quality assurance, staff should be supported to move towards outcome focussed approaches that are reflective of children's interests and development **(see area for improvement 1)**.

Snack and lunch times provided all children with stage appropriate opportunities to develop independence skills, such as serving their own food. Older children collected their plates and cups and poured their own drink from a jug. When finished, they confidently took their dirty plates over to the basin and emptied uneaten food into the food waste caddy. The management team were responsive to suggestions to improve systems to ensure that food is delivered promptly. Such improvements would alleviate the disruption to children's daily routines. This would also ensure that children are not waiting for unnecessary extended periods of time for food when they are hungry. For example, one upset child waited for a period of 30 minutes at the lunch table before being given an alternative option for lunch. The management team should role model and monitor staff interactions at these times. This would support staff to be considerate to children's preferences, and to listen and respond to their needs.

Due to the size and layout of the downstairs playrooms, mealtimes were delivered in several sittings. For example, on busier days, lunch time was split into four sittings for the older children. The management team could consider possibilities to reduce the number of sittings. This should limit the amount of time that snack and lunch impact on children's day. Similarly, a rolling snack could be considered. This would open up opportunities for children to choose when to eat without impacting on their play and learning experiences.

Management of medication was mainly in line with best practice guidance. Improved quality assurance of long term medication would ensure that detailed termly reviews were carried out with parents. This would assure that there had been no changes to the child's health needs and symptoms. Similarly, this would check that the medication was within the expiry date, and that there had been no changes to the type and dosage of medication required. This should result in children's health needs being fully met.

Quality Indicator: 1.3 Play and learning

Children under the age of two were supported by staff who demonstrated a good understanding of their stage of development, and current care and learning needs. As a result, the younger children enjoyed joyful interactions with staff who offered them the time to process and focus on experiences. Staff engaged in fun, gentle interactions using gestures and appropriate tone and level of voice. Play was supported but not interrupted. Parents recognised positive interactions in the service and one parent said, "The staff are wonderful within the room, they are nurturing and caring."

Staff skill in supporting and extending children's learning varied and this resulted in some missed opportunities for older children. Moving forward, all staff should be trained to develop a sound knowledge and understanding of how children develop and learn. This would support all children to develop and learn at an appropriate pace whilst being challenged to reach their full potential. Conversations with children lacked structure and challenge. This meant that children were not regularly provided with quality learning opportunities to extend their thinking and help their learning to progress. As a result, some children were not engaged in play. Children would benefit from being challenged more in their learning to help them to try out new ideas, solve problems and persevere at tasks. Such training should include staff developing an understanding about how to support children to take stage appropriate risks. This would help children to develop an understanding of cause and effect, perseverance and self-confidence (**see area for improvement 2**).

An online platform was used to record observations of children's progress and achievements and to share these with parents. From the children's learning journeys that we sampled, we could see that staff were recording children's significant learning and next steps. We could identify progression and achievements. To enhance this further for children to learn at a pace that is right for them, staff should be supported to consider children's identified next steps in learning when planning learning experiences.

Child centred planning systems were not yet fully established. While staff were identifying interests, there were missed opportunities to empower children to lead their learning. For example, on occasion, activities were adult directed which limited children's choice and creativity. The introduction of learning walls could be considered to help children to be more included in planning future experiences.

Requirements

1. By 4 April 2024, the provider must ensure that all staff understand and demonstrate child centred, value based practice in line with children's rights. To do this the provider must, at a minimum, ensure that all staff consistently acknowledge children's emotions, listen and respond respectfully to their needs and wishes.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

2.
By 29 March 2024, the provider must have robust and consistent child protection procedures in place to ensure that all children are protected from potential harm. To do this the provider must, at a minimum, ensure that all management and staff fully understand their responsibilities in relation to why, how and when to make relevant referrals to appropriate agencies.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To support children's care, learning and development, the provider should develop children's personal plans to be able to assess children's needs in greater depth. This should include, but is not limited to, improving support plans to clearly detail the intended support strategies. These should be reviewed and adapted, in partnership with children and parents, to help children to make progress at a pace that is right for them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. For all children to develop and learn at an appropriate pace whilst being supported to direct and lead their learning, try out their ideas and test their own theories, the provider should ensure that all staff develop their skill of supporting and extending children's learning. This would enable them to plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning.

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?

3 - Adequate

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

Quality Indicator: 2.2 Children experience high quality facilities

The setting was bright and well ventilated. Plans were in place to create a more homely environment, with the addition of soft lighting, soft furnishings and plants. When in place, this should create more of a home-from-home atmosphere to support children to feel safe and comfortable.

Younger children benefited from playrooms which offered plenty of space for them to move around and explore their surroundings. However, children over the age of two years were not afforded such space, which resulted in limitations for them to make independent choices about their preferences, and to lead their play and learning. For example, play experiences were interrupted when some children were moved from one playroom to another to suit staffing needs and routines of the day. This resulted in some children becoming upset. The management team were keen to consider possible solutions to remove such limitations. This included consideration of the best use of the downstairs playroom accommodation to ensure that children get the best possible opportunities **(see requirement 1)**.

The provider invested in regular decoration of the service, however some areas within playrooms needed to be prioritised to ensure that playrooms were respectfully maintained. Most of the setting and equipment were safe. A maintenance log helped to action any areas that required to be repaired. Toilet areas were cleaned to a satisfactory standard. There were some housekeeping issues which were discussed during the inspection, such as no bin beside the handwashing sink in the playroom for the youngest children. Similarly, areas could be better cared for. Children would benefit from staff who are proactive in respecting the environment. This would help children to develop their sense of responsibility about caring for their own and other's belongings. Some parents felt that areas within the setting could be improved and one parent said, "The area where my child is seems a little run down. I am aware there has been work going on in the nursery, but I still feel there are areas that could be improved."

Children benefited from a large outdoor play space offering opportunities to engage in active play. A plan with delegated areas to staff members was in place to develop the outdoor learning space. This is because current play opportunities were limited due to poor resourcing. For example, limited resources in the mud area for children to engage in play with purpose. Children would benefit from staff who took more responsibility in resourcing and caring for play areas inside and out **(see requirement 1)**.

Requirements

1. By 30 June 2024, the provider must make improvements to the play spaces and resources to provoke, inspire and motivate children to engage in purposeful play in an environment which communicates to children that they matter.

This is to comply with Regulation 10 (2)(a)(d) (fitness of premises) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our leadership?

3 - Adequate

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

Quality Indicator: 3.1 Quality assurance and improvements are led well

The manager was new to the role and had joined the service within the last month. They had immediately identified some areas for improvement and were in the early stages of taking initial action.

They showed commitment to responding quickly to identified areas for improvement, instilling confidence in their capacity to make improvements to enhance outcomes for children.

Current quality assurance practice was not identifying and addressing gaps, such as poorly cared for environments and children's rights not always being upheld. Some monitoring had been carried out by the senior management team. However, clear planned actions and evaluation of improvement was minimal. This resulted in a lack of sustained improvement being made at an acceptable pace to ensure that children are given the best opportunities. Moving forward, monitoring records should clearly detail expected standards of areas for development and actions planned. Evaluation should be carried out to ensure that positive changes are embedded and sustained to consistently secure positive outcomes for children (**see area for improvement 1**).

Management planned to reflect on and improve the purposefulness of the quality assurance calendar to support them to prioritise areas for improvement to enhance the service. The calendar could provide an overview of the evaluation and monitoring of operational tasks, including audits of accident and incidents and management of medication. A calendar would also have an overview of service developments that are child focussed including play opportunities, and child centred planning.

Children and families' views should be more actively sought to inform the development of the setting. Successes and achievements should be shared, and children and families should be consulted about future developments.

Areas for improvement

1. For children to benefit from a culture of continuous improvement, the provider should implement effective quality assurance and self-evaluation processes which clearly detail expected standards and actions planned. This should include, but is not limited to, making satisfactory improvement in the areas identified in this report.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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**

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

Quality Indicator 4.3 Staff deployment

Staffing changes resulted in a newly formed staff team who were going through a period of transition. The manager and learning and development manager were both good role models who were supporting staff to develop as a team. Further guidance and support, through effective monitoring and action planning should enhance value based practice, along with staff knowledge and skills about how to support and enhance learning opportunities for children.

Newly recruited staff were being well supported through an improved comprehensive induction process. This was further enhanced through regular meetings with management to reflect on and discuss how to enhance knowledge and skills. The induction programme had clear guidance about standards and expectations and provided opportunities for new staff to pause and reflect on learning. This was a purposeful resource which should, when embedded, result in improved staff practice, knowledge and skills. However, because it was in the early stages, the impact across the whole team was currently minimal. This resulted in deployment of skilled staff not yet being effective to ensure high quality outcomes for children.

Plans were already in place to extend the induction programme to all staff, and management had self-identified that a focus on children's rights should be prioritised. Frequent mentoring sessions would provide more established staff with opportunities to discuss, reflect and develop their practice. This could be a positive tool to improve the standard and expectations for all staff to enhance outcomes for children.

Staff deployment was within the legal requirements, however, there were times of the day when staff would have benefited from additional support, such as when preparing for lunchtime. Low level of staffing and a lack of core staff impacted on the quality of experiences and outcomes for children (**see area for improvement 1**).

Regular and supportive staff training was delivered, providing opportunities for staff to enhance practice. One such training where impact was clear had been about how to record observations of children's specific learning, progress and achievements. Monitoring, and reflection of recent training with staff would help to embed new learning and developing skills in practice.

Areas for improvement

1.

For children to experience high quality care and support to meet their needs, the provider should ensure that there are sufficient core staff. This should include, but is not limited to, busier times of the day, when additional support is required, such as mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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