

Alford Pre-School Day Care of Children

Howe Trinity Church Hall
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Type of inspection:
Unannounced

Completed on:
15 March 2024

Service provided by:
Alford Pre-School

Service provider number:
SP2003000473

Service no:
CS2008168603

About the service

Alford Pre-School is registered to provide a daycare of children service, to provide a care service to a maximum of 30 children from two years and six months to those not yet attending primary school. The service is accommodated within a church hall, located on the main street that runs through the village of Alford. They have shared use of the large hall, kitchen and toilet facilities. There is an enclosed outdoor area adjacent to the church hall which the service has the sole use of during operating hours. The service has secured a small area outside the church grounds where children have the freedom to dig, plant and explore nature.

About the inspection

This was an unannounced inspection which took place on 14 March 2024 between 09:00 and 13:00. 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 eight families from our online questionnaire
- received feedback from four staff from our online questionnaire
- spoke with the staff and management team
- observed practice
- reviewed documents.

Key messages

- Children were nurtured and supported throughout their day by staff who were caring and knew their needs very well.
- A competent staff team were skilled at keeping children safe.
- Children were mostly engaged and having fun.
- Staff were currently developing the planning and observation cycle to support high quality outcomes for children.
- Auditing and monitoring processes could be developed to influence continual improvement of children's outcomes and experiences.
- Facilities for nappy changing did not support effective infection prevention and control.

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?	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

Staff nurtured children through their experiences by engaging in meaningful interactions which were mostly respectful, kind and caring. They were responsive to children's needs and made positive efforts to ensure they were at children's level when supporting and interacting with them. As a result, children were safe and respected. Parents told us, "The staff are amazing. They are friendly and approachable, my child loves going to preschool and is so much more interactive with children," and "I like that it is a small setting for my child who has never been to nursery before. Staff are all lovely and friendly."

Personal plans were in place for all children. Information was gathered through registration and 'All About Me' forms. We discussed with the manager how the approach to reviewing plans and key information could be strengthened. For example, through better recording of key strategies to support children and developing more personalised targets for children based on their individual needs. Strengthening this area would better ensure individualised care and support was consistently delivered.

Children benefitted from healthy snack options and snack time was an unhurried experience. There were some opportunities for children to develop independence, for example, pouring their own drinks. Children sat at tables and were well supervised when eating, ensuring they were safe. There was scope for mealtimes to be enhanced such as, more opportunities for independence and staff sitting with children to model social skills. A rolling snack would offer children more choice in when they eat and limit the disruption to free play time. We signposted the manager to good practice guidance, 'Food Matters' to support development.

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 were having fun and playing throughout the session. We observed children taking part in a variety of experiences including, imaginative role play and construction. A child commented, "It's fun and I get to do lots of crafting." Staff interacted enthusiastically with children; however, we suggested open-ended questions could be considered to support children's imagination and curiosity.

Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. Mark making opportunities had been well considered throughout all indoor areas and children were using these well. For example, whilst playing in the role play, children were seen to be mark making as part of their game. However, opportunities to develop literacy and numeracy skills could be extended. The service should consider adding a range of measuring tools, scales and reference books to the environment. This would further support children to reach their full potential.

Staff reported that observation and planning is a current improvement focus. They were in the process of

moving from paper journals for recording observations to the online platform 'Learning Journals.' Most observations highlighted what children had been doing and photos of activities. We saw evidence of improvement in quality of observations on 'Learning Journals' where staff had also been considering the skills and learning. A parent commented, "I am looking forward to the new online reporting system using my learning journal as the printouts in the folder is rather old fashioned."

Planning approaches were responsive to children's current interests and life experiences. For example, a vet role play had been developed because a child had recently got a puppy. A floorbook was being used to record children's voice, interests, and experiences as part of the planning process. This supported children to investigate, engage and revisit experiences that were relevant to them. Evaluations of planning would help ensure it is responsive to children's current needs and interests. **(See area for improvement 1 in 3.1 under 'How good is our leadership?')**

Children's opportunities were enhanced through good community connections. For example, use of local greenspaces, museum, bistro, and visiting professionals such as Bookbug. Wider afield trips, such as to Wyndford farm, supported children to be included and created a sense of belonging. Parents were offered opportunities to be included and were invited in monthly for a 'catchup and cuppa'. A parent told us, "I love that the preschool plans activities around the local community. My child has visited local cafes, museums etc and it's great to see the community getting involved."

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

Children were cared for in an environment which was clean, bright and welcoming. Children benefitted from appropriate furnishings that were at their height, which allowed them to access them safely and independently. Children's artwork and photographs were displayed within the playroom supporting children's sense of belonging and showed that they mattered. There were some comfortable and cosy spaces allowing children to rest and relax. However, this could be further developed to promote a more comfortable and homely environment within the main play area.

The playroom had been generally well considered and took account of children's interests and development. Children had easy access to a good range of play resources to support their play. We suggested sand, water and playdough resources could be added to the daily provision offered. Children had access to a fully enclosed outdoor space, offering opportunities for different types of play. They used the space and resources well, resulting in them being engaged in play and having fun. However, the time children had to access outdoors was impacted by routines and this is reported on in 4.3 under 'How good is our staff team?'.

The environment supported children to be safe. Procedures were in place to keep the front door locked and restrict access from members of the public. Risk assessments identified risks and mitigations to reduce potential harm to children and staff and considered the benefit of resources and activities. This meant children and staff's safety was well considered supporting their health and wellbeing.

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.

The nappy changing facilities did not support effective infection prevention and control measures. Work was needed to ensure that there were suitable nappy changing facilities. These should meet current best practice guidance, including 'Nappy changing facilities for early learning and childcare services: Information to support improvement'. Management was responsive to our suggestion and had started to look at possible solutions. This will ensure good infection control, the health and wellbeing of children, and ensure that children's dignity and privacy are protected during personal care. **(See area for improvement 1.)**

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

Areas for improvement

1. The service should ensure that children have access to appropriate nappy changing facilities and receive personal care in an environment that supports high levels of infection, prevention and control.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?

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 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.

Children and families benefitted from opportunities to be involved, for example, stay and plays and other opportunities for engagement had been considered and were offered routinely. 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 relationships with children and families and we signposted the service to the good practice guidance, 'Me, my family and my childcare setting.'

Formal and informal consultations with families provided 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 and had sought feedback in the form of 'two stars and a wish'. This enabled parents to offer feedback on what was going well and changes they would like to see. The manager had collated this

information and feedback trends and results to parents. This meant feedback was purposeful and allowing families to have a voice.

Quality assurance processes were allowing the staff team to identify strengths and areas for improvement. Staff were engaging with key self-evaluation documents, encouraging reflection. A quality assurance calendar was in use which helped the manager to have an overview of service delivery. Audits of observations and planning should be added, further ensuring good quality outcomes for children. Monitoring of staff practices such as interactions, and routine 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. **(See area for improvement 1.)**

Areas for improvement

1. To support high quality outcomes and experiences for children, the manager should implement robust auditing, monitoring and improvement planning processes.

This should include but is not limited to:

- a) regular, effective and focussed monitoring of staff practices
- b) regular and focussed monitoring of observation and planning processes to support further improvement and support consistent approaches
- c) evaluations of improvement planning processes are completed to support meaningful positive change on outcomes for children and families.

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

'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 were warm, welcoming and engaged positively in the inspection process. It was evident that they were committed and enthusiastic professionals who were proud of the service. Staff worked closely with each other to ensure children's individual care needs were met. Good communication ensured they were aware of what others were doing and supported effective supervision of children at all times. As a result,

children's needs were met and they were kept safe. A parent commented, "I always feel like the staff genuinely care about my child and are interested in them."

Appropriate staffing levels at all points of the session ensured children were safe. Staff appeared to be mainly clear on their roles and the routines of the day. However, we found outdoor play time was restricted by daily routines. Staff shared children's access to the outdoors is also dependent on weather conditions. The service should consider the routines of the morning to ensure that children have autonomy on whether they play indoors or outdoors in all weathers. This would support children to lead their play and learning and access fresh air.

Children benefitted from a staff team with a range of skills and experience. All staff had completed basic training. Most had accessed a range of other training opportunities and talked confidently about their learning. Learning from training was shared at staff meetings and the staff team reflected on possible changes that training had highlighted. This meant children and families benefitted from a knowledgeable and skilled staff team. All parents strongly agreed with the statement, 'I am confident that staff have the appropriate skills, knowledge and experience to care for my child and support their learning.'

The staff team appeared settled as most staff had been working in the service for a number of years. They reported that they felt well supported by each other and management. All staff had completed an induction, with new staff using the 'National Induction Resource' to facilitate reflection and effective induction processes. Yearly appraisals allowed individual staff members to celebrate their successes and identify challenges. Reflection exercises ensured staff considered what was working well and areas for improvements. Some staff had set goals to develop key aspects of their practice and knowledge. We suggested these goals should be more specific and targeted to ensure they are clear and achievable.

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?	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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