

# Cromarty Daycare Day Care of Children

Cromarty Primary School  
Cromarty  
IV11 8RX

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 March 2024

**Service provided by:**  
CALA Integrated Services

**Service provider number:**  
SP2010011308

**Service no:**  
CS2010278953

## About the service

Cromarty Daycare is a day care of children service situated within the premises of Cromarty Primary School in the village of Cromarty.

The service is registered to provide a care service for a maximum of 18 children aged two years to those attending primary school.

The service is situated in a residential area, close to the village centre, near the beach, links, shops and other amenities. The children are cared for in a purpose built playroom and have access to an enclosed, secure outdoor area. The service adjoins the school building which the service manager and staff can access.

## About the inspection

This was an unannounced inspection which took place on Wednesday 20 March 2024, between 09:30 and 17:10, and Thursday 21 March 2024, 09:05 and 10:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed four responses to our MS Forms survey of family members of people using the service
- spoke with four staff and management
- observed practice and daily experiences
- reviewed documents.

## Key messages

- Children experienced nurturing care and support from staff who promoted a calm, welcoming ethos for all.
- The service now needs to improve arrangements for personal care to ensure all children have access to appropriate toilet facilities that respect their dignity and privacy.
- Children attending out of school care were encouraged to offer ideas relating to their experiences, such as snack and activity choices.
- Some quality assurance processes were in place which supported children's care and support needs to be met responsively.
- When children actively led their play, skilled staff interactions supported their ideas and learning to be extended.
- Children's health and wellbeing benefitted from good hand hygiene routines at key times.
- Staff worked well as a team, working flexibly together to ensure children were safe and appropriately supervised as they moved between areas.

## 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?	5 - Very 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

### Nurturing Care and Support

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

Children experienced warm, patient, nurturing interactions with staff throughout their day. This quiet approach meant that a calm, positive ethos was fostered as they played. Children were cared for by staff who were responsive to their needs, helping them to feel valued. Any conflicts between children were swiftly resolved with the support of an adult. As a result children played well together.

Snack and lunch times were sociable and quite homely. Staff had trialled a rolling snack and had found that, in their small setting, children preferred to sit together. Staff were attentive to the children as they ate but were occasionally task focused. This meant that there was the potential for staff not to be immediately responsive should a choking incident arise at such times. There were opportunities to further improve the children's snack and lunch time experiences by increasing their involvement, particularly for younger children. Children who attended out of school care had been able to offer input about the type of snacks they would enjoy. They had a self-service buffet layout for snacks which promoted choice and independence.

Children's health and wellbeing benefitted from being able to independently access their water bottles, stored at child height. Staff supported younger children to be well hydrated, especially when they had been active outdoors.

Children's care, support and wellbeing benefitted from personal plans being regularly reviewed with parents. Details of conversations between parents and staff noted actions to be taken forward. This helped staff to be responsive to children's and families' needs, and supported actions to be fulfilled. Medication was reviewed regularly with parents. This meant that individual information was accurate and relevant so that children received the right care when needed. Individual identified support needs and strategies were dated and a note was made when support needs changed or were no longer needed. As a result, children's personal plans reflected their changing needs as they developed. Effective monitoring would help identify where strategies were not consistently used in practice, helping ensure positive impacts on children's outcomes.

### Play and Learning

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

Younger children were able to lead their play and follow their own interests for some of their day. At times, play and activities were structured and adult led. Better quality play took place when children were able to follow their own interests, supported by some skilled staff interactions. For example, when playing in the role play area staff supported two children to think about what babies might need to care for them. This type of interaction helped extend children's play and understanding. However, at times child-led play was interrupted by structured, adult-led activities.

This meant that staff were sometimes activity and resources focused rather than outcomes focused. Increasing the availability of loose parts, especially for very young children, could foster greater curiosity, challenge and problem solving as children explore more open-ended play.

Older children attending after school care were able to self-select some age appropriate resources from their own cupboard. Most were engaged and content playing with items which reflected their interests and met their needs. For example, consideration had been given to children who preferred a quiet space to relax and play.

Across the indoor environment there were some opportunities for children to develop their knowledge and skills in literacy and numeracy. For example, there were some basic real-life resources across the setting, including environmental print, recipe books, a measuring tape, clock and phone which supported literacy and numeracy experiences and development. There was scope to develop the range and type of literacy and numeracy learning opportunities across the setting, especially in the outdoor area.

Children's progress and development was recorded through learning journals and developmental overviews. Staff had undertaken improvement work to develop observations to make next steps in progress and learning clear. Some observations identified children's knowledge, skills and understanding. Next steps to develop these were not yet consistent. For example, there were not always specific details about how continued progress would be supported. We suggested that further detail should be added to enable parents to be involved in supporting next steps at home if they wished. The manager should continue to monitor staff practice to help identify where there are inconsistencies and further work is needed.

Children had the opportunity to contribute some ideas and interests to floorbooks. As result, the activities and snacks on offer to them reflected their ideas and opinions. This helped children to feel listened to and valued. The younger children had contributed some mark making to their floorbooks. This was beginning to help them engage with the process of recording activities they enjoyed and to express learning interests. There was scope to increase responsive child-led planning through this process for both younger children and those attending out of school care.

Children's learning and development was enhanced by regular opportunities to explore their local community and to use local amenities. There were photographs of visits to places such as a local café. They were able to access a fenced, grassy area on links across the road from the nursery. A younger child was supported to join in at their level of interest. This meant that they had the opportunity to explore and use the play equipment offered if they liked. At other times they joined in a game when interested or were given support to toddle and explore the grassy area. Children experienced a weekly active play session in an enclosed grassy area on the local links.

## How good is our setting?

### 4 - Good

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

Children experienced a clean, inviting, neutrally decorated playroom with lots of natural light and good ventilation. Some homely touches had been added such as a child height sofa, rug, blanket and cushions. Older children could take out large bean bags which supported them to sit comfortably during out of school care. Younger children were supported to have a quiet time to relax after lunch if they chose. This meant children's health and wellbeing was supported by the provision of these quieter spaces to relax.

Children had access to an enclosed outdoor area accessed from the cloakroom. This made it more challenging to offer truly free-flow play between outdoors and indoors. Staff usually supported children's requests to play outdoors. Offering outdoor play more regularly would promote children's choice and child-led learning, enabling them to follow their own interests more effectively.

Children's play benefitted from resources that reflected their current interests. These were generally presented in attractive ways to invite play and promoted sustained engagement for most children. Through their self-evaluation process, the service had recognised the need to monitor when children's interests were changing. We discussed with staff how resources and the organisation of the indoor space could be reviewed and rationalised. Staff implemented some changes immediately, improving access to some resources and the flow of children's movements around the indoor space.

Most infection prevention and control measures supported children's health and wellbeing. For example, children were reminded to wash their hands at key times. The door to the toilets opened directly onto the playroom. We found the door had been wedged open, increasing the potential for cross infection. When we highlighted this to staff they took immediate action to ensure the door was closed over at all times. They also made arrangements for handwashing so that children could be effectively supervised.

Children's dignity and privacy had the potential to be compromised by current arrangements for access to toilets. This was due to the toilets comprising of two cubicles, one with a half-height door and one with a full height door. The manager and provider accepted the concern. They were open to promptly addressing the issue of providing appropriate toilets for older children with the owner of the premises. The provider advised us they will now seek to negotiate with the building owner to ensure that all children can access suitable toilet facilities. As a result, we made an area for improvement. This was to reflect changes that should take place to ensure children's dignity and privacy when accessing personal care (see area for improvement 1).

## Areas for improvement

1. To support children's dignity and privacy the provider should ensure all children have access to appropriate toilet facilities. This should include but is not limited to:

- a) ensuring all children have access to appropriate toilet facilities that provide privacy and allow for personal care to be administered, appropriate to age and need;
- b) increasing staff knowledge and competence to ensure dignity and privacy are respected in relation to personal care.

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

This is to ensure that staff knowledge and practice is consistent with the document: 'Space to Grow - Section 2, Environment, Toilets'.

## 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.

There were some clear links between the vision values and aims of the service, children's experiences and practice observed. For example, personal plans demonstrated that children's care was underpinned by the SHANARRI (Safe, healthy, active, nurtured, achieving, respected, responsible and included) wellbeing indicators.

There were few opportunities for children's experiences and outcomes to be influenced by parents and families' views about change and improvement. Responses from some parents to our MS forms survey indicated that they would welcome further opportunities for involvement. The service should now consider how they can implement greater parental involvement.

Children were beginning to be meaningfully involved, for example, in contributing to floorbooks. This could be further developed to encourage and support all children to have greater involvement in evaluation of experiences. This could help increase opportunities for them to express their learning interests and preferences.

Some quality assurance systems were in place which helped enable children's outcomes to be positively impacted. Self-evaluation of improvement actions was highlighting what was working well and where further actions needed to be implemented. This process was supporting the development of the children's learning journals. Some monitoring was in place to support consistent progress and pace of improvements. Combining this with effective monitoring of staff practice would help ensure that improvements are embedded.

Children's safety and protection were supported by staff who understood their roles and responsibilities within child protection procedures. Details in children's chronologies helped staff to have a clear picture and full understanding of children's and families needs. Chronologies helped enable the service fulfil actions to support children.

### How good is our staff team?

### 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children experienced a warm, calm, nurturing ethos and responsive interactions from staff throughout their day. They were supported by staff who were committed to meeting their care, learning and development needs. Staff used positive and respectful communication which demonstrated to children that they were loved and valued.

Children benefitted from good continuity of care throughout the day as staff communicated effectively. This was noticeable at times where children moved between areas, particularly between inside and outside. Staff worked well together, making colleagues aware of where they were and how many children they had. Staff breaks were planned so that children's care was not significantly impacted. This meant that children received good levels of supervision and engagement with staff across most of the day. Staff ate lunch with the children, which supported social interactions and helped form positive attachments.

Staff told us they enjoyed working together and felt they worked well as a team. They were proud of the supportive team ethos they had built and sustained. Staff told us the manager could be contacted when needed for support or advice. As a result staff felt they were well supported by their manager.

Staff absences had been managed so that children experienced the familiar faces of either a part-time member of the staff or the manager. This meant that staff absence had a minimal impact on children's care and learning.

## 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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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