

# Lochwinnoch Early Learning and Childcare Class Day Care of Children

Lochwinnoch Primary School  
Calder Street  
Lochwinnoch  
PA12 4DG

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2024

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003014760

## About the service

Lochwinnoch Early Learning and Childcare Class is a day care of children's service provided by Renfrewshire Council. They are situated in Lochwinnoch Primary School, Renfrewshire. Children are cared for in a refurbished annexe building within the grounds of the school. They have access to a large playroom and an enclosed garden which they can freely access. The service is a short distance away from other amenities, such as, local shops.

The service is registered to provide a care service to a maximum of 48 children aged 3 years to not yet attending primary school at any one time.

## About the inspection

This was an unannounced inspection which took place on 5 March 2024 between 09:45 and 17:00 and 6 March 2024 between 09:45 and 15:00. 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:

- gained feedback from 20 people using the service through MS Form questionnaires
- gained feedback from eight staff through MS Form questionnaires
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Children benefitted from warm, kind, nurturing interactions with staff who knew them well.
- Well considered play spaces supported children in developing their imagination and problem-solving skills.
- The service supported a shared vision and sought the views of all attending the service.
- Effective use was made of the staff group's differing experience, knowledge, and skills.
- Staff were committed to their continuous professional development.
- The service should further develop the information recorded and complete regular audits of medication.
- The service should review their procedures for nappy changing to ensure it reflects best practice.

## 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

We evaluated this key question 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 benefitted from warm, kind, nurturing interactions with staff. They had built up positive relationships, and as a result, the children were happy and confident.

Children's wellbeing was supported by staff who knew them well. Personal planning was in place for all children and was used to gather important information to support children's health, welfare, and safety. Regular consultations and reviews with parents and the sharing of children's play and learning experiences through an online application, enabled parents to be fully involved in their child's care and learning. Children requiring additional support had robust plans in place and staff worked in partnership with external agencies to support children and meet their individual needs. This effective partnership working with families and external agencies ensured children received the right support at the right time.

Mealtimes provided opportunities for children to engage in rich discussions, and children were encouraged to eat in a relaxed, unhurried atmosphere. They had opportunities to set up for lunch, pour their own drinks, select their own foods, and clear away their plates and cutlery. This enabled children to build up positive relationships and develop their independence.

The service had developed links with teachers within the school and worked closely with them throughout the year. This included time for children to engage with older children and develop strong connections within the school. This meant children's transitions to primary one were enhanced as they were familiar with their peers, other adults, and the whole environment.

A medication policy and forms were in place to support the safe administration of medication. However, staff had not accurately completed medication forms. For example, some expiry dates were not accurately recorded, and further information such as specific symptoms were not logged on medication forms. This did not support staff to administer medication at the right time. The service should further develop the information recorded and complete regular audits of medication. This would ensure children were kept safe in the administration of medication **(this was a previous area for improvement which has been updated and reworded as a new area for improvement, see area for improvement 1).**

### Quality Indicator 1.3: Play and Learning

Planning approaches were child centred and responsive to children's interests and life experiences. Staff consulted with children regarding their likes, dislikes, and what they would like to learn. This meant that children were having fun and were engaged in their learning. One parent commented: "My child is given lots of opportunities to learn based on their interests."

Children were able to develop mathematical concepts in their play and learning within a stimulating, challenging, and creative environment. They participated in daily baking activities, following recipes and independently measuring ingredients. This highly responsive approach ensured children were developing a

broad range of lifelong learning skills.

Staff involved parents and carers in children's learning. This was evident in various ways, such as inviting parents to 'stay and play' sessions and parents having opportunities to share their skills with the children. For example, a parent recently led a cooking workshop with the children. These experiences provided valuable opportunities for families to play and learn together. One parent commented: "I have enjoyed having had the opportunity to stay and play with my child and many other events."

Children could move resources around the room to support their learning and interests. For example, they took playdough into the home corner and engaged in imaginatively play, creating foods with the playdough. This supported children to play creatively and extend their thinking.

Skilled staff interactions successfully engaged children's imaginations and enriched their play and learning. For example, children had been developing their skills in pottery making, staff encouraged children to independently create their own interpretations through positive role modelling and challenging questioning, enabling children to mould shapes with the clay and develop their own ideas. One child commented: "I am going to make a pancake."

Staff implemented a 'Froebelian approach' in practice which recognises the importance of play in children's learning and development. They had applied for and were awarded a grant to further develop these principles in practice. Staff provided exciting opportunities for children, such as sewing. They provided depth and progression in children's learning as they were provided with opportunities to revisit experiences and develop their skills, they then shared their achievements with others. This supported children to develop a new skill that would support them as they progress through life.

## Areas for improvement

1.  
To ensure children's health needs are met, the provider should review medication systems.  
  
This should include, but not limited to ensuring that all information relating to children's medication is accurately recorded and regular audits are completed to highlight any areas for improvement.  
  
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:  
  
'My care and support meets my needs and is right for me' (HSCS 1.19); and  
  
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our setting?

**4 - Good**

We evaluated this key question 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 had access to stimulating play spaces that reflected their current interests and curiosities, with appropriate resources and materials to support learning. As a result, children were progressing well in their

learning and development. One parent commented: "It offers a great learning environment."

Well considered play spaces supported children in developing their imaginations and problem-solving skills. For example, a range of 'loose parts', such as natural stones, coloured shapes, small wooden people as well as block play experiences were available, which encouraged children to use creative thinking and problem-solving strategies as they developed their ideas through play. One parent commented: "It is a wonderful welcoming and stimulating environment for my children."

The playrooms were clean, tidy, and uncluttered. Handwashing by staff and children minimised the spread of infection. This ensured a safe, secure environment for children.

Children could move freely between indoor and outdoor areas with a staff member based in the outdoor area throughout the day. Staff skilfully used the outdoors as an extension of the indoor learning environment. Children had fun exploring loose part materials outdoors, such as, pallets, tyres and rope. They also participated in water play experiences. This enabled children to choose where they would like to play and supported their wellbeing as they had regular access to outdoor play experiences. Staff commented: "Our setting provides a free flow environment which allows children to follow their interests and learning styles."

The building was well maintained, and areas and items that required repair had been reported or actioned. Appropriate risk assessments and mitigations were in place to reduce risks to children and keep them safe. Children were encouraged to review risks within the environment and completed outdoor risk assessments with staff. This helped them to highlight risks and take action to stay safe. One parent commented: "Staff provide a nurturing, safe learning environment for our children to learn."

During nappy changing, children did not have access to a changing station and were changed on a mat on the floor of an accessible toilet within the children's toilets. This meant there was the potential for the spread of infection. We discussed with the service evaluating this to ensure the procedures for changing children reflect best practice, respect children's privacy and dignity and provide the best possible outcomes. We signposted the service to 'Nappy changing for early learning and childcare settings' (excluding childminders) to support with this. **(See area for improvement 1.)**

## Areas for improvement

1.  
To ensure children's health, welfare and dignity are promoted, children's nappy changing facilities should be improved.

This should include, but not limited to the prevention of spread of infection, respecting the privacy and dignity of children and supporting the wellbeing of staff and children.

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, there is a suitable area for this, including a sink if needed' (HSCS 5.4);  
and

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

**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.

**Quality Indicator 3.1: Quality Assurance and improvements are led well**

The service supported a shared vision and had created their visions, values, and aims in consultation with parents, staff, and children. This helped staff to provide care and support that met the needs of children and families.

Consultations with parents supported improvements within the service. Feedback from parents and carers suggested that they would prefer information to be displayed within the setting rather, as well as shared electronically. This had led to the implementation of a 'parents information board' displayed at the entrance to the service. This was responsive to the needs of the families attending the service and ensured they were meaningfully involved and had opportunities to influence change. One parent commented: "The nursery staff work very hard to involve parents in decision making and are very responsive."

Opportunities for self-evaluation supported staff to reflect on practice and highlighted areas for improvement. They had recently evaluated the lunch routine and children could now choose when they would like to join the table for lunch over two sittings. This ensured lunchtime reflected children's individual needs and promoted a relaxed and sociable experience.

The senior management team had implemented monitoring informally, with verbal communication between staff and the senior leadership team. We discussed with the service implementing a more formal approach to monitoring processes, such as monitoring specific aspects of staff practice and medication processes to help them identify any issues. This would support staff's reflection on practice and highlight any areas for improvement, therefore providing better outcomes for 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.

**Quality Indicator 4.3: Staff Deployment**

Staff were welcoming and caring and worked well together. They communicated with each other when tasks took them away from their responsibilities. They worked together to ensure supervision and quality engagement with the children throughout the day, limiting disruptions to children's play and learning.

Children were well supported by staff who had a range of experience, knowledge and skills. Staff used their training, knowledge, and skills to support children as they led and developed aspects of practice, such as, clay, sewing and baking experiences with children. This enabled staff to implement experiences to develop children's skills in a range of contexts, supporting positive outcomes.

Staff were committed to their continuous professional development and enhancing their practice. Some staff had completed or were in the process of completing further qualifications relating to their role, including completion of a Froebel course, which is a course designed for professionals working with young children to consider how their knowledge can enhance their professional practice. One parent commented: "Children are fully supported by inspirational and caring staff."

The deployment of staff was well-managed and effectively met children's needs. Staff were based in areas within the learning environment; they worked in pairs and engaged well with children, which provided consistency of care and learning. One staff member implemented an experience with the children and the other supported children where required as they engaged in spontaneous play. This supported children to make progress in their learning and maximised the use of play spaces as children move freely around the environment.

The staff participated in regular, meaningful meetings, enabling them to share practice, highlight areas for improvement, and discuss children's needs. For example, staff had recognised children's interest in water play experiences and had identified ways to challenge this within the learning environment. We saw evidence of this during the inspection where staff had provided water play experiences outdoors. The children were provided with resources to develop their curiosity and problem-solving as they filled, poured and explored different volumes of water through play. This enabled children to develop and learn in a stimulating environment which was responsive to their interests.

Parents were invited into the setting and staff ensured a welcoming environment for families. Staff were available to speak with parents, enabling them to pass on important information and share children's learning. Staff were knowledgeable in guiding and signposting parents to further support which would help provide better outcomes for all.

## 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

As a matter of best practice the service should ensure children have a clear personal plan in place and this is updated a minimum of six monthly or more regularly if required.

National Care Standards Early Education and Childcare up to the age of 16: Standard 3 - Health and wellbeing.

**This area for improvement was made on 9 May 2018.**

#### Action taken since then

All children had Personal plans in place, and these were reviewed appropriately with parents at least every six months and if required. Children were supported in their learning and development with some appropriate strategies.

**Therefore, this area for improvement has been met.**



### Previous area for improvement 2

As a matter of best practice the service should review the storage of medication to ensure each medication is stored following best practice, they should ensure they have clear procedures in place for long term medication and review this regularly with parents.

National Care Standards Early Education and Childcare up to the age of 16: Standard 3 - Health and wellbeing.

**This area for improvement was made on 9 May 2018.**

#### Action taken since then

Medication was stored appropriately, however, long-term medication had not been reviewed appropriately and expiry dates did not reflect what was recorded on some medications. Further information is required within medication forms to ensure staff are fully aware of when to administer medication in relation to specific symptoms displayed. This would avoid any confusion and keep children safe in the administration of medication.

**Therefore, this area for improvement has not been met and a further area for improvement has been made.**

### Previous area for improvement 3

As a matter of best practice the playrooms and areas children access across the service should be clean and well maintained to meet the needs of the children.

National Care Standards Early Education and Childcare up to the age of 16: Standard 2 - A safe environment.

**This area for improvement was made on 9 May 2018.**

#### Action taken since then

The setting was well furnished with soft lighting and homely touches. The setting and equipment were safe and secure, and spaces reflected children's current interests and curiosities. Children had access to a stimulating environment with appropriate resources to support them in their learning. The environment was clean, well maintained and accessible for children.

**Therefore, this area for improvement has been met.**

## 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	5 - Very 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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