

# The Lossie 2-3 Group Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 April 2024

**Service provided by:**  
The Lossie 2-3 Group

**Service provider number:**  
SP2023000162

**Service no:**  
CS2023000258

## About the service

The Lossie 2-3 Group provides a day care service for up to 15 children aged 2-3. Additionally, an out of school service is provided for up to 15 children of primary school age. The service provision for primary school age children does not operate at the same time as for pre-school children.

The service opened in August 2023 and is located in the coastal town of Lossiemouth. It operates from a purposely refurbished building which also houses a community hub. Both areas have separate entrances.

## About the inspection

This was an unannounced inspection which took place on 24 April 2024 between 10:20 and 17:00, and 30 April 2024 between 08:25 and 13:00. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with the staff and manager at the service
- Spoke with children during their play
- Gathered feedback about the service from families
- Observed practice and children's experiences
- Reviewed documents.

**Key messages**

- Children were cared for by kind and caring staff.
- Improvements were needed to ensure personal planning, and medication processes and procedures, were in line with best practice guidance.
- Parents told us they would like more information about their child's day.
- The learning environment was being developed to improve children's experiences.
- Quality assurance process and self-evaluation were not yet effective in promoting continuous improvement and good outcomes for children.
- Staff were not always effectively deployed to meet the changing play needs of children throughout the day.
- The staff team were enthusiastic about improving outcomes for children.

**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?	3 - Adequate
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?

## 3 - Adequate

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

### Quality indicator: 1.1 Nurturing care and support

Children benefited from kind and caring staff who knew them well. This supported their overall wellbeing and enabled them to feel safe. Where children required personal care, this was delivered with warm interactions and promoted dignity and privacy. This nurtured children's confidence and security. The staff team had built positive relationships with children and families and as a result, offered care that was in line with families' wishes. One parent told us, "I have a great relationship with all staff members. They have been very understanding and supportive with my child and myself." Another shared with us, "They are always happy to listen and help with anything they can and very informative when it comes to anything to do with my child."

Snacks and meals were sociable, and mostly relaxed and unhurried. Children in the 2-3 group were encouraged to serve themselves at snack time. In the after-school group children helped to prepare snacks and tidy the kitchen afterwards. This helped to promote independence and build skills for life. The service should continue to build on these skills, for example by offering the younger children opportunities to be involved in preparing and serving food at all mealtimes. This would further improve experiences for children. The service was regularly supported by volunteers who helped to supervise at busy times, including mealtimes and trips into the community. We advised the service to ensure that only trained staff directly supervise children at mealtimes. This would help to provide a consistent approach to ensuring that children are kept safe. We signposted the service to best practice documents on mealtimes. Some parents shared with us that they would like to receive more information about what and how much their child had eaten at mealtimes. We agreed that a consistent approach to sharing information would help to support children's overall wellbeing. Children were offered a choice of water or milk at mealtimes and we advised that they should have access to water throughout the day. This would enable children to remain hydrated.

An area within the main playroom had been identified as an area that could be used for sleeping. However the area did not yet provide a cosy, quiet space that promoted rest and relaxation for younger children. Sleep mats were available for children who needed to rest, and staff told us that they planned to add soft furnishings, soft lighting and canopies. We advised that the service work with parents to identify ways in which individual children's needs are met regarding rest and sleep. We signposted the service to practice guidance on safe sleeping to help with this.

Children's individual wellbeing was beginning to be supported by the use of personal planning. The service gathered information from parents prior to their child starting, including the child's likes and dislikes. Information based on the wellbeing indicators was also gathered. However these had not been reviewed by staff or families since the information was first gathered. Some parents told us that they would prefer to receive more information about their child's development and progress. One parent told us, "We filled in a form about a personal plan but this hasn't been discussed formally since, although I do know that my child doesn't need any extra support and they are happy with his behaviour and development." We made an area for improvement around personal plans, to ensure that the service and families have access to the right information at the right times, and that the information is regularly reviewed in line with best practice guidance (**see area for improvement 1**). This is to ensure positive outcomes for all children.

Where children had been identified as requiring additional support, the service had liaised with other professionals to develop targets and strategies to support their needs. Staff were able to talk about how they supported the needs of individual children but did not always have access to information which had been shared by other professionals. This meant that there was potential for children's needs not being met. Ensuring that all staff have access to and fully understand the strategies in place for each child will help the service to provide continuity of care and positive outcomes for children (**see area for improvement 1**). The service had positive connections with several community development initiatives, some of which were run from the same building as the service. This gave opportunities for the service to offer holistic support to families of the children attending, such as support sessions for parents of children with additional support needs.

There was inconsistency regarding the management and administration of medication. Staff were not aware of the procedures for administering, and recording, prescribed medicines. There was no formal procedure for signing medication in and out of the service. This was immediately addressed during the inspection. We made an area for improvement to ensure that all staff are fully aware of and understand the procedures and paperwork required for children who receive medication whilst in the service (**see area for improvement 2**).

Parents and carers were welcomed into the service at drop off and pick up times, and were encouraged to settle their child in whenever needed. This gave staff and parents some time to exchange information and this helped the service to provide responsive care. Most parents told us that they felt well informed of what their child had been doing in the service. Some parents of children attending the 2-3 sessions told us that they would appreciate more opportunities to come into the service to discuss their child's development. We agreed that this would help to ensure that each child reaches their potential. Families of children attending the after school club told us that they were happy with the opportunities they had to spend time in the service.

All staff within the service had undertaken recent training in child protection, and this helped to keep children safe.

### **Quality Indicator: 1.3 Play and learning**

Most children were engaged and busy leading their own play. Indoors, children enjoyed imaginative role play in the home corner, playing with toy cars and a garage, playdough and drawing. These play experiences promoted opportunities for children to play together, investigate and develop their communication skills. At the time of the inspection the outdoors area was out of bounds due to building refurbishment works. The service planned to organise daily trips into the community so that children could benefit from play outdoors, and we agreed that this should be prioritised in order to support children's needs and current interests, and to provide quality experiences.

Although children had fun during play, there were some missed opportunities for staff to stimulate children's interest and enhance their learning. At times, staff had limited interactions with children and did not use questioning to extend children's ideas. This was often because staff were busy attending to routine tasks such as meal preparation. We refer to this further under quality indicator 4.3 where we made an area for improvement. Resources on offer did not always support the developmental ages and stages of the children. This meant that at times, children's learning was not progressed. The staff team had undertaken training to develop their understanding of their role within play. The service now needs to reflect on this training and identify further ways in which they can support children to develop their play and reach their full potential.

Children were not yet consistently supported by good quality observations and effective assessments. Staff had recently introduced learning journals to record observations of children's progress and share these with parents. Some children had been observed during a "focus week" and parents of those children were positive about the information that was shared with them as a result. One parent told us they would like, "More updates about the children. I think there may be a one on one week all about my child with their key worker but not had this just yet. But a daily update would be nice." Learning journals did not yet consistently hold enough information to identify interests and learning needs. As a result, individual progression and next steps were not always in place to support children's learning. We discussed this with the manager and were satisfied that a plan was in place to address this.

Children benefitted from some opportunities to develop and extend their language, literacy and numeracy skills. For example, staff and children gathered before lunch to sing action songs. There was a selection of books available and the craft table gave opportunities for mark making. We advised that, whilst the refurbishment work necessitates the service to take groups of children outdoors into the community more often, the service needs to provide a balance of planned and spontaneous activities whilst outdoors, which enable children to develop skills for life and learning.

## Areas for improvement

1. To support children's wellbeing, development needs and progress, being effectively met, children's personal plans should be further developed and streamlined.

This should include but is not limited to:

- Ensuring that information is accessible to staff and can be clearly shared.
- Plans should be reviewed and updated as children's needs, challenges and achievements change, or at least every six months in line with legislation.
- All staff are knowledgeable about each child's health and wellbeing needs and that tailored care and support strategies are provided and used effectively to meet those needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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); and  
'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure children's medical needs are safely managed, the service must have in place robust procedures for the safe administration of medication. This includes but is not limited to,

- Ensuring that medical permission forms are fully completed by parents and carers prior to the administration of medication.
- Ensuring that medication administered is accurately recorded.
- Ensuring that staff are knowledgeable and competent in relation to the recording of medication in line with current best practice guidance.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our setting?

### 3 - Adequate

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

The service operated from a recently refurbished room, which was large, bright and benefited from plenty natural light. At the time of the inspection the garden was out of bounds and doors to the garden had to remain closed. This limited children's ability to choose where to play and impacted room ventilation. We advised the management team to consider ways of ensuring that the room could be well ventilated as the summer months approached, whilst keeping children safe.

Staff had had some input to the layout and selection of furnishings in the room which contained a kitchen and dining area for mealtimes, a cloakroom area, a home corner and a quiet area with sofa and beanbags. Whilst the children had ample space to play, the layout of the room should be reviewed to enable more sustained, schematic play opportunities for the 2-3 group. For example, providing a wider range of natural, open-ended materials, along with daily sensory experiences, such as water and sand, would help to develop children's curiosity and creativity. This would support their overall learning and development. Children attending after school club had their own resources and knew where to find them, but spaces and resources intended for the 2-3 group remained in place. This resulted in some of the younger children's sensory toys and resources being used by the older children. We advised the service to review this, to ensure that resources for young children remain clean and in good condition. Older children would also benefit from having access to spaces laid out to better reflect their needs and current interests.

The setting was well maintained, and staff shared with us that any maintenance issues were resolved quickly. The entrance to the room being used at the time of inspection was locked and secure, and parents gained access via doorbell. The regular entrance via the garden was out of bounds at the time of the inspection. These doors required to be kept unlocked due to building regulation and fire safety requirements. We advised the manager to review procedures in place for preventing a child from leaving the setting through these doors. The manager agreed to address this by ensuring that staff were deployed in this area at all times during the 2-3 group sessions. We further advised that all risk assessments in place for the service be reviewed, shared and understood by staff, and we made an area for improvement in this regard (**see area for improvement 1**). This would ensure that children are supported to enjoy challenging, fun play experiences both indoors and outdoors, whilst being kept safe.

Children were supported by effective procedures for minimising the spread of infection. For example, staff followed good practice in food safety whilst preparing meals. Children were supervised and supported to wash their hands before meals and after toileting. We advised the service to provide dispensers for handtowels at all wash hand basins, in line with good practice guidance. We also discussed the latest guidance on nappy changing facilities and as a result, the service planned to provide a nappy changing unit which would comply.

Children's information was stored confidentially, in line with best practice. We discussed the need to make some information more readily available to staff, such as learning strategies, medications and allergies, to enable them to provide responsive care for individual children. Appropriate systems were in place to manage electronic information in line with data protection requirements.

## Areas for improvement

1. To ensure that children are kept safe, the provider should make sure that arrangements are in place to maintain a safe environment.

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

'My environment is secure and safe' (HSCS 5.19).

## How good is our leadership?

### 3 - Adequate

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

The service had vision, values and aims which supported staff and families to understand what to expect from the service. The manager and staff should ensure they reflect the needs and views of current children, families and staff. This would support all stakeholders to feel valued and included.

In the short time that the service had been registered with the Care Inspectorate, the manager and staff had identified some priorities for improvement. For example, participating in the Care Inspectorate improvement programme had enabled the service to increase children's involvement in preparing and serving snack. An improvement plan identified further key areas for development work, such as staff training on specific aspects of caring for children aged 2 to 3. This was in the early stages and demonstrated that the management team and staff were committed to improving children's experiences.

Quality assurance systems were not yet embedded in practice to promote high quality outcomes for children and families. Staff had begun to reflect on their own practice and room layout to identify changes which would meet the needs of the children. To ensure this practice leads to sustained improvements in outcomes for children, robust quality assurance procedures should be developed. This should include regular and effective audits of staff practice and of the information held for each child. The manager acknowledged this and agreed to ensure that this was addressed (**see area for improvement 1**). We signposted the manager to the Care Inspectorate bitesize video on quality improvement to support this.

Whilst parents and carers were regularly welcomed into the setting, they were not yet meaningfully involved in developing the service. Some parents told us that they felt their views on the service were taken onboard, and felt involved in the service through fundraising events. Other parents told us that they did not feel they were involved in developing the setting, and did not feel well informed on changes that were being made. We asked the manager to further develop ways to gain constructive feedback for use in the evaluation of the service.

Children were beginning to be involved in developing the service. There had been some opportunities for children in the after school club to be involved in securing funding for an eco project in the garden. The project had enabled the children to invite neighbours and members of the local men's shed to become involved, providing welcome connections within the community and across generations. The children involved spoke with pride and enthusiasm as they told us about how much money they had secured and how they planned to spend it. This demonstrated that the manager and staff have high aspirations for the children using the service, which should lead to positive outcomes.



## Areas for improvement

1. To support children's wellbeing and promote the continued development and improvement of the service, the manager should ensure robust quality assurance systems are in place.

This should include but is not limited to:

- Formal monitoring of staff practice and providing staff with constructive feedback to support them to fully meet children's needs.
- Auditing all children's information recorded, including medication information, ensuring this corresponds between recording formats.
- Regular self-evaluation which involves parents and children.

This is to ensure that care and support 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?

### 3 - Adequate

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

Staff were kind and caring towards the children, and interactions were nurturing and positive. The staff team were supportive of each other and communicated well with each other throughout the day. There were sufficient staff on duty to meet the required staff to child ratio. However, staff deployment at times was ineffective to meet children's needs. Staff were often involved in completing tasks, such as preparing for mealtimes. This reduced opportunities for them to be fully engaged in supporting children's learning and play. As a result, learning opportunities were missed and some children lacked the support they needed (**see area for improvement 1**).

Staff told us that they felt well supported by the leadership team. To support the development of their daily practice, the manager had made arrangements for the team to visit other services and attend training with their management and staff. We acknowledged this positive course of action and encouraged the manager to continue to find ways to support staff to develop their skills, promote and reflect on good practice. This would help to promote consistency of care, play and learning across the day for all children.

Staff training opportunities had been identified in the service improvement plan, and staff and managers were positive about the impact that training to date had had on their skills and knowledge. Some staff were undertaking formal qualifications and told us that they felt well supported by colleagues and their assessor. We discussed with the manager, the need to provide time for staff to reflect on training, identify changes in practice and evaluate the impact of those changes on experiences for children. This will help the manager and staff to provide positive, high quality experiences for children. We signposted the service to the national induction resource as a source of reflective practice for all staff.

## Areas for improvement

1. To meet the care and learning needs of all children, leaders and staff should work together to ensure effective supervision and quality engagement with children across the day.

This should include but is not limited to, ensuring staff have the skills and knowledge, and are deployed effectively, to promote high quality interactions and children's safety.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16).

## 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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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