

Leith St Andrew`s Playgroup Day Care of Children

Leith St Andrew`s Church
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Edinburgh
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Type of inspection:
Unannounced

Completed on:
1 May 2024

Service provided by:
Committee Of Leith St Andrews
Playgroup

Service provider number:
SP2003003156

Service no:
CS2003013388

About the service

Leith St Andrews Playgroup is registered to provide an early learning and childcare service to 24 children at any one time aged between 2 years and primary school entry.

The service is provided from St. Andrews Church in the Leith area of Edinburgh and offers funded childcare to eligible children. The service makes use of the main hall, toilets and has access to the church itself and two smaller rooms. They also have access to a kitchen, and an outdoor play space off the main playroom.

The service benefits from good transport links, nearby parks and amenities. The children benefit from regular trips to parks throughout the week for a variety of play and learning experiences, as well as an allotment area for planting on a more ad-hoc basis.

The service operates during school term time only, between the hours of 09:00 and 15:00. The service offers an added option of wrap around care between 08:15 and 09:00 and 15:00 and 15:45.

About the inspection

This was an unannounced inspection which took place on Monday 29 April 2024 between the hours of 09:00 and 16:40. We returned on Wednesday 1 May 2024 at 13:00 to give feedback. 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 children using the service and received digital feedback from 8 families
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to the care and learning of the children and the management of the service.

Key messages

Children were cared for with warmth and compassion by adults who took an interest in what was right for them.

To ensure all children's health needs were met, some improvements were needed around the management of medication.

Children benefitted from a range of experiences within their local community enhancing their connections to their local area.

A stimulating environment offered children space to explore, discover and experiment at their own pace.

The service worked effectively with families, other professionals, and schools to ensure smooth transitions and partnership working around children's care and learning needs.

To promote children's safety, the provider must ensure recruitment procedures follow good 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?	3 - Adequate
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 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 experienced warm, caring approaches that supported their overall wellbeing from a staff team who knew them well. There was a strong nurturing approach both to children and to the inclusion of families who were welcomed into the setting daily. This familiarity and consistency of care was providing smooth and positive transitions for children and contributing to an ethos of belonging. One family told us, "I trust them and can see that my children feel comfortable and safe with them."

Children experienced warm, nurturing interactions from staff. Staff encouraged and praised children and helped them to manage friendships. Staff regularly checked in on children and took an interest in their lives, for example, through warm, informal chats about their weekend during snack time. Where necessary, staff were aware of strategies to help put children at ease. This meant children felt heard, safe, and loved. Families told us, "The staff are so caring and supportive, and the kids are all so happy to be there." Another told us, "The staff are all lovely; approachable, supportive, warm, and welcoming. What I love most is how well they know the children as little individuals and all their little quirks and personalities."

Snack times were mostly happy, relaxed, unhurried opportunities for children to develop skills in socialisation, independence, and responsibility. Food was nutritious which enhanced children's physical health. Staff sat with children allowing for deeper connections, communication, and language development, as well as offering support if required. This practice also kept children safe. To promote deeper skills development the service could also consider involving children in the planning and preparation of food experiences. Children could choose when they came for lunch, which valued children's choices and didn't interrupt their play. However, there were missed opportunities for learning and keeping children safe at this time as staff did not sit with the children. Children could also be more involved in the clearing away of food and dishes and have opportunities to self-pour their own drink. The service was aware of some of these things and were in the process of making improvements.

Noise levels at lunchtime impacted on the experience making it not as relaxing and enjoyable for children. Staff should be creative around the lay out of the environment at these times, and involve children in making decisions around the types of play and learning that might be best suited to outdoors or indoors. This would encourage children to develop skills in problem solving, empathy and responsibility, whilst still allowing children choice and autonomy in their play. We also discussed some options which might enhance the experience further, such as adding tablecloths or some calming music for example. This might add to the nurture of the experience and make it more homely.

Overall, effective personal plans provided for individual care and learning and included clear work with other professionals to collaborate in providing for positive outcomes for children. This meant they were meaningful and supported staff to plan and care for children's wellbeing. Families felt informed and involved. One told us, "The staff always make time to go over the plans with us personally. I feel informed and supported." Ensuring plans are always accessible to staff would enable them to utilise strategies of care or be aware of targets in learning and monitor these over time.

To ensure children have their health needs met, all staff should have a clear understanding of each child's medical needs so that they can respond to these effectively. To guide staff in the administering of medication, or what to do if any medication is not effective, clear forms describing stepped approaches and advice on dosage should be kept with the medication for accessibility. Storage of children's medication should be in line with best practice guidance. We signposted the service to 'Management of medication in daycare of children and childminding service' (Care Inspectorate 2014). Reviews should be undertaken with families at least every three months (see area for improvement 1).

Plans could be further improved by documenting clear start and review dates. We will report more on this in key question 3 - 'How good is our leadership?'

Quality indicator 1.3: Play and learning

Generally, children were having fun as they experienced play, learning and development opportunities. They were meaningfully and actively leading their own play and learning through a free flow indoors and outdoors play environment. There was a balance of spontaneous child led experiences and some planned experiences which promoted choice and independence. Regular planned experiences within the local community provided children with opportunities for physical play as well as enhancing connections to their local area. One family told said a strength of the service was, "the children are always doing something. They go on little train, tram, and bus rides. They go to the park. They visit elderly care homes. They are always thinking of new and engaging activities for the children."

Staff told us how they had developed experiences for children through recent training in creative storytelling. These engaged children's imagination and enriched their play and learning. These fun, stimulating approaches meant children were developing enhanced curiosity and using their imagination. Approaches such as this also have the potential to unlock a love of learning around books and stories. Children had opportunities to develop questioning around stories which they were beginning to use in other areas of their play. This meant children were progressing across early literacy skills, including the ability to retell the story to their parents or carers. Families told us, "Staff are very creative with daily activities and have a range of learning activities that they do with the children."

Generally, interactions between staff and children enhanced development across a broad range of areas. Staff tuned into what children were interested in and responded, for example, a lengthy discussion with one child who was interested in how fire alarms worked. Singing with children encouraged language and communication development as well as being a nurturing approach to settling new children, and staff encouraged relationship skills such as sharing and turn taking. Numeracy skills were enhanced in dough making, and through snack where children had to count scoops of flour for example or share out pieces of snack. Exposure such as numbers and words throughout some areas in the environment enhanced this, though could be extended throughout to maximise this opportunity. Some resources may also support numeracy development, but staff should consider the placement of these. For example, there were some balancing scales in the construction area, but they were up high and not accessible for children to use independently.

Planning for children's learning and development was responsive to children's interests, with added intentional themes around seasons or celebrations. This meant staff were planning for progress in individual children's learning. Staff used large floor books to document children's learning, however there were missed opportunities for children's participation in these as they were not accessible to them. Making these available for children to look through and add to themselves would enable children to reflect on past learning and plan for future experiences. This would also provide intrigue, fun and promote language and communication, whilst giving opportunities for their voice to be fully heard within the planning process.

Tracking children's learning through observations in learning journals were regular which should allow for staff and families to have a clearer understanding of children's progress. However, staff should ensure these are individualised to each child. Generalised observations were missed opportunities to effectively plan for and track individual successes and achievements. This meant staff could not plan effectively for progress and attainment over time. Where next steps were identified they should be followed up and reflected on for success. Staff also made use of a milestones tracker, and this supported staff to understand children's overall development.

Any additional supports required to promote learning for children were effectively communicated across the team. These were informed by observing and talking to children and collaborating with relevant professionals and families. This responsive, multi-agency approach meant children were well settled and ready to learn. Staff should ensure they monitor these strategies over time so that they can evolve to children's changing needs and development.

Areas for improvement

1. To minimise any potential risks to children, the provider must ensure all children's health and medication information is clear and provides staff with the level of detail needed to respond to medical needs effectively and safely.

This should include, but not be limited to, having a plan detailing all identified health needs, dosage and how staff should support a child in a stepped approach. The detailed plan should be stored with the medication for accessibility, along with administration forms. All staff should understand and be aware of children's health and medication needs within the setting.

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

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

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 quality facilities

Distinct areas for play had been set up indoors which reflected a broad range of learning and development opportunities. The play dough space was inviting, with a variety of loose parts such as sticks, cones, and corks. This added intrigue which promoted creativity in play. Children used their imagination as they created worlds where different creatures interacted with each other. This gave children opportunities to explore their ideas in fun and interesting ways. Families were positive about the environment, with one telling us they felt strengths were, "...the nurturing environment, the wide array of learning activities, which are very imaginative and make clever use of the resources available."

To promote further opportunities for learning in literacy the service could add books and mark making materials throughout the environment. Setting up provocations for learning may add challenge and add opportunities to develop children's curiosity and problem-solving skills. Staff should also consider where noisier resources are placed within the room to ensure children have quieter spaces to relax without too much interruption.

Outdoors was limited in space, but offered experiences such as climbing, reading, and play in a mud kitchen. Children were having fun looking at their reflections in mirrors outside and climbing on a frame. The mud kitchen was not well used on the day of inspection. Ensuring children always have access to mud or sand outdoors would improve this. Having resources available to draw or make marks on the large black board would promote further emergent literacy opportunities.

To support effective management of the service, arrangements for monitoring, maintenance and repair could be made more available to staff. This would enable staff to remove any resource or equipment that might be damaged. This would ensure that resources or equipment are always engaging and appropriate. Staff should be encouraged to involve children in maintaining the environment throughout the day so they can learn to manage and assess risk for themselves. After lunch particularly, the environment became untidy which led to trip and fall hazards and more uninviting play spaces. Though not seen on inspection, the service had recently introduced leadership roles for the children, one of which was 'safety officers.' Staff could consider recording children's views on the responsibilities of this role. This would encourage children to problem solve and empower them to take ownership of their environment whilst give them a strong message that that their views mattered.

To ensure children are kept safe from the spread of infection, the service should revisit up to date guidance on infection prevention and control. Children should be encouraged to wash their hands as they enter the setting, before and after eating, and after playing outdoors. This would work towards keeping children safe **(See area for improvement 1)**.

Due to the layout of the premises, there were some limitations. For example, toilets being outside of the playroom. This restricted children's independence and put pressure on staff time. The outdoor space was very limited in size, which impacted on opportunities for children to develop some gross motor skills such as running, skipping, or using bikes and scooters. Staff made good use of the community to mitigate against this. We advised the service that any move to new premises should be in discussion with the Care Inspectorate to ensure they meet up to date guidance. The manager was aware of this and had begun early discussions with the Care Inspectorate.

Areas for improvement

1. To ensure the health and wellbeing of children and staff, and reduce the potential for infection, the service should ensure effective handwashing throughout the day. This should include, but not necessarily be limited to when they enter the setting, before and after any eating, and after any play outdoors.

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

'I experience high-quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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 improvement are well led

The service had set out a vision which was positively informing practice. For example, it supported the service to work in partnership with both agencies and families to promote positive outcomes for children. Staff had input into the improvement plan and had areas of shared leadership. This empowered staff, gave everyone a shared purpose to work towards and encouraged shared responsibility towards improvement.

Families were involved in influencing change. For example, the service had sent out surveys to parents to get their thoughts on aspects of practice. The impact of some of this information was yet to be evaluated, but some changes had been made. For example, having snack and lunch menus on a board for families to keep them informed, and the extension of hours which supported families childcare needs.

Successes and achievements in children's learning were shared and celebrated through Learning Journals and families were welcomed into the nursery freely. This contributed to the development of partnership which fostered trust and cooperation on improvement. One family told us, "Playgroup are very keen to involve parents and you are always made to feel welcome and involved. They are always open to conversations about what the children are doing and why."

The service was undertaking quality assurance and self-evaluation processes to enable them to make improvements. For example, they had recently changed the lunchtime experience which was beginning to lead to some improvements. Moving forward, benchmarking against best practice would develop this approach further. For example, to benchmark the lunchtime experience, we signposted to 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare' (Care inspectorate 2022). The manager and staff team had identified other areas where improvements were needed. Moving forward, using benchmarking to compare areas of practice such as observations of children's learning, or the auditing of the environment would promote and enhance improvement. Staff should include children's ideas to evaluate the spaces and experiences alongside audits to assess and make improvements. This would promote a more robust system of self-evaluation and a cycle of continuous improvement.

The service must implement effective fully quality assure systems to support safe recruitment. This would ensure that the welfare and safety of children was prioritised. All required checks must be undertaken and received prior to staff starting their role. We signposted the service to 'Safer Recruitment Through Better Recruitment' (Care Inspectorate 2023) (**See requirement 1**).

Reviews with families around personal plans and medication needs should be undertaken and documented clearly within required timescales so that everyone is aware of when these should be updated and checked. Without this, there was potential for missed opportunities for the monitoring and evaluating of children's care and learning. This should include the development of an effective quality improvement calendar to guide staff around important quality assurance tasks. This should support the service to meet children's health and wellbeing needs (**see area for improvement 1**).

The service should also ensure they meet required responsibilities around notifications to the Care Inspectorate. We signposted the service to, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020). This would ensure children's health, wellbeing and safety were externally assured (**see area for improvement 2**).

Requirements

1. By 31 July 2024, the provider must ensure that safe recruitment processes are carried out and completed prior to staff starting their employment in the service. This includes the collection of Protection of Vulnerable Group disclosure checks (PVG), and two suitable references. Prompts on reference forms should also be added to ensure the name of the person within the organisation and their position held are clear. This would ensure the safety and welfare of children are prioritised.

This is in order to comply with section 7(1)(a,b) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people who support and care for me have been appropriately and safety recruited (HSCS 4.24).'

Areas for improvement

1. To ensure that there is a culture of continuous improvement, for example ensuring required timescales for personal plan reviews are met, effective quality assurance processes should be developed to monitor and assess the service in line with best practice and legislation. This should include the development of a quality assurance calendar to support the service with timely reminders of important quality assurance tasks.

This is to ensure care and support is consistent with the Health & 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).

2. To ensure children's health, safety and wellbeing, the service should update their knowledge and understanding about notifications that should be made to the Care Inspectorate.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our staff team?

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 4.3: Staff deployment

For most of the day, children benefitted from having enough staff to promote continuity of care. Busier periods such as lunchtime were accommodated by having an extra member of staff come in to assist children with serving. At drop off and pick up a member of staff made themselves available at the door which promoted positive transitions and communication with families. One family told us, "There are always various staff leading group activities and others supervising general play. Staff numbers allow for these regular small group activities throughout the day."

Effective use was made of the differing experience, skills and knowledge of the staff team resulting in good outcomes for children. Staff were responsive to children and valued their opinions. One family told us, "The playgroup workers are warm, welcoming, knowledgeable and supportive."

Staff communicated well with each other when they had to leave the room. For example, to support children with personal care. This allowed for staff to move to different areas to support effective supervision as well as engagement with children. Staff had responsibilities for different areas of the playroom which brought fresh ideas into planning. Teamwork was a key strength of the service. One staff member told us they felt the mix of skills brought different aspects and benefits to the team, and their learning from each other was resulting in positive outcomes for children. Families agreed and one told us, "the staff all bring their own qualities and putting them together makes the most incredible team." All staff felt well supported, and appraisals were ensuring staff continued to develop in their practice. Regular meetings kept the whole team informed.

Generally, the importance of ensuring the service was appropriately staffed throughout the day was recognised and adhered to. However, the manager should ensure arrangements for absence are managed effectively and appropriately to support minimum disruption to children's routines. On the morning of inspection the deployment and levels of staff did not meet best practice guidelines and ratios. New children who were settling needed extra support, and staff also had to leave the room to assist children with personal care. Though only for a short period, staffing at this time was not as outcome focused as possible and had the potential for gaps in specific skills needed to promote high quality outcomes for children (**see area for improvement 1**).

Areas for improvement

1. To minimise disruption to children's routines, care, support, and learning, the service should ensure arrangements for absence are managed effectively with staff members who have been safely recruited. Policies and procedures should be developed to guide the service in an approach to ensure this is safely and effectively managed and followed.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14) and 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

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

Where a parent does not provide the playgroup with a supply of the medication, for example it is administered once a day and this is carried out at home, it should be clearly stated why medication has not been provided.

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

This area for improvement was made on 27 June 2017.

Action taken since then

Some forms remained in the service for medication which was no longer required. For example, there was one form which stated the medication was no longer in use, and it had a clear date to say when it had been sent home. We advised the service to archive any consent or medication forms that are no longer required. As this area for improvement is specifically around clearly stating why medication is not provided in the service, we have assessed this as being met. However, there were other issues around medication which need to improve. A new area for improvement has been made within Key Question 1: How good is our care, play 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.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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