

First Steps Playgroup Day Care of Children

First Steps Playgroup
5 Jackson Place
Eliburn
Livingston
EH54 6RH

Type of inspection:
Unannounced

Completed on:
2 May 2024

Service provided by:
First Step Playgroup Management
Committee

Service provider number:
SP2003002976

Service no:
CS2003012082

About the service

First Steps Playgroup provides a day care of children service from premises situated in the Eliburn area of Livingston, West Lothian. It is registered to provide a care service for a maximum of 10 children aged one to six years with differing complex medical and care needs.

The service is adjacent to Eliburn Nursery, and close to shops, parks, and other amenities. The children are cared for within two playrooms and have direct access to an enclosed outdoor play space.

About the inspection

This was an unannounced inspection which took place on Wednesday 1 May 2024 between 09:30 and 15:00 and Thursday 2 May 2024 between 09:00 and 12:00. 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 children using the service
- spoke to staff and management
- spoke to committee members
- received written feedback from seven parents and spoke to two parents
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy, settled and having fun as they explored the environment.
- Positive, trusting relationships had been developed that supported children's emotional security.
- Children's rights were respected across the setting through positive interactions, consultation and respectful relationships.
- The personal planning approach for all children had improved since the last inspection. There was still a need to develop clear and concise support plans, with broken-down strategies to support children to progress at a pace that was right for them.
- There was a strong sense of community between the service and families.
- Staff were happy, enjoyed their role and felt supported by the leadership team.
- The service should engage in self-evaluation to support improvements and measure the impact on 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?	4 - Good
How good is our setting?	5 - Very 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

Respecting and promoting children's rights was a strength of the service. Nurturing and respectful interactions meant that children were well supported and valued by staff who they could rely on and trust. As a result, all children were happy, confident and relaxed. Staff were attuned to children's likes and needs, understanding non-verbal cues, such as body language and facial expressions. This meant that they could respond quickly to validate and respect children's wishes when they made a request or sought comfort.

Staff recognised the importance of involving families in their children's care and development. Daily communication diaries were sent home with children to inform parents about their child's day. For example, what they had been doing and what they had to eat while in the care of the service. A parent told us, "The playgroup have a daily diary that we get home to see what our child has worked on that day and we can access their file if we wish to. We are also in talks with staff about organising a meeting about our child's plan and their progress." For one family, staff used technology to support them to write the diary in the family's first language. Similarly, the child's learning journal was completed in both languages. This helped the family to understand what was being written, and to support their learning of the written English language.

The personal planning approach for all children had improved since the last inspection. All children had a personal plan which clearly captured their preferences and wellbeing needs in line with the wellbeing indicators. These were prepared and reviewed in partnership with families, every six months or sooner.

At the last inspection we made an area for improvement asking that all personal plans included strategies of support, to help children to progress at a pace that was right for them. The management team were aware that there was still a need to develop clear and concise support plans, with broken-down strategies to support children. Strategies should also include advice given by specialists who work with individual children. Similarly, individual risk assessments could be improved to ensure that potential risks to children are identified and actioned to mitigate such risks. Plans should be reviewed and updated to identify appropriate next steps based on individual needs and prior learning. This information should then be used consistently and effectively to ensure positive outcomes for all children. This area for improvement was not met and has been reworded and restated (**see area for improvement 1**).

Most children required extra support to manage transition times in their daily routines, such as, when it was time to have their nappy changed. Transitions were carefully managed to prepare children to be ready for what was coming next. For example, song signifiers and showing props, such as a nappy, when children were being prepared to go to get changed. This gave children time and space to acknowledge and prepare for such transitions.

Children were afforded their right to make choices about things that mattered to them. For example, photographs of food choices were presented at snack time, allowing children the opportunity to point to the foods that they would like to eat.

Snack time was a sociable and relaxed experience. Snacks were nutritious and variable, and children ate at their own pace. Staff empowered children to develop their independence skills. For example, spreading butter on their toast and helping to pour their own drinks from child sized jugs. A parent told us "The staff promote a can-do attitude and even when children are faced with challenges, they are supported to try."

Quality indicator: 1.3 Play and learning

Children were leading their experiences supported by staff who thoughtfully responded to their cues. As a result, we saw children confidently expressing their wishes and interests to staff. Learning spaces were respectfully presented affording children the right to access toys of their choice, while also being given time and space to manage their play experiences. This meant that children were leading their play with unnecessary interruption from adults.

Children were having fun as they experienced play opportunities. Some were actively involved in leading their play and learning. For example, one child was leading play with a staff member when exploring lights, sensory jars, and scarfs. This gave the child opportunities to develop their own interests independently in a safe and sensory appealing environment. The skilled staff member motivated the child to extend their play and learning to enhance the experience.

Staff encouraged children's emerging language development by simplifying instructions and supporting conversations using visual prompts, signs or gestures. Children's awareness of numbers and counting was enhanced through songs and adult supported games. For some children there were missed opportunities to challenge their level of skill and interest in reading. Staff were keen to take on board ideas to extend learning opportunities to provide such challenge, which included introducing early reading books to the service. A range of creative and sensory opportunities successfully engaged children's imagination and enriched their play and learning. Parents appreciated the learning opportunities that their children experienced. One parent said, "My child loves messy play and there is always something different e.g. jelly, rice, pasta, foam, and also the book corner as they love turning pages of books."

Planning approaches were child centred and responsive to children's interests. Staff told us they find 'in the moment', responsive planning to be most effective and appropriate for the stage of children using the service. All children had an individual learner journey which linked to national best practice guidance. Observations of children's learning were regular and demonstrated some significant achievement. Moving forward, as staff develop support plans, strategies should be incorporated into intentional planning. This would enhance opportunities for children to be fully supported to reach their potential and develop lifelong learning skills.

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. Music specialists visited to deliver fun, multi-sensory music and movement sessions. This supported children to develop physical, language and social skills. Plans were in place to make regular use of the local children's farm. This would complement the regular trips to local parks which enhanced opportunities for children to enjoy and appreciate the natural world around them. Moving forward, staff could explore extending community links with the adjacent nursery which could extend experiences and opportunities for both services.

Areas for improvement

1. To support children's care, learning and development, the provider should develop children's personal plans to be able to assess children's needs in greater depth. This should include, but is not limited to,

developing clear and concise support plans, with broken-down strategies to support children. Strategies should also include advice given by specialists who work with individual children. Individual risk assessments should be improved to ensure that potential risks to children are identified and actioned to mitigate such risks. Plans should be reviewed and updated to identify appropriate next steps based on individual needs and prior learning.

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

How good is our setting?

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: 2.2 Children experience high quality facilities

The service had recently moved to new premises, which was well furnished and comfortable. Play spaces were respectfully presented, offering plenty of space, ventilation, and light. Children had direct access to the outdoor play space, through the sensory area.

We had asked the service to address some areas to ensure that the new premises met our standards of registration, such as incorporating a hand washing sink into the playroom. All areas had been actioned and improved at the time of this inspection.

Importance was placed on children's safety and comfort within the setting. The secure entry door system kept children safe from unknown adults being able to access the playrooms. To support development, independence, and comfort, some children had specialised chairs which had been specifically fitted for their needs.

The indoor and outdoor environments had been sensitively structured and took account of children's stages of development and learning. Spaces reflected children's current interests and curiosities, with appropriate resources and materials to support learning. For example, sensory resources, planting and growing to facilitate a child's love for flowers. Similarly, core resources such as sand and water were always available to children in the indoor and outdoor play spaces.

It was clear to see through displays and the 'child's voice book' that the environment had been prepared with children's needs and interests in mind. Resources were respectfully displayed to make them easier for children to access. The carefully thought out areas, provided ample space to support children to manage their differing needs. For example, the introduction of a larger home area. This allowed children easy access to role play opportunities, relating to their experiences they have at home, which supported social and language development.

Risk assessments were in place to ensure children's safety and wellbeing was considered and planned for within the environment and when out in the community. This helped to keep children safe and minimise the risk of potential hazards.

Infection prevention and control practice followed best practice guidance. This meant that children experienced clean environments to minimise the spread of germs. The management team were keen to

familiarise themselves with the newly published guidance, 'Health protection in children and young people settings, including education' (Public Health Scotland, 2024). This was to ensure that they were informed of all current information needed to protect the health of everyone in the setting.

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 improvement are well led

Management and staff valued that children should be nurtured, safe and have fun when in their care. They aimed to ensure that all children be given the same opportunities, with no restrictions. Moving forward, the management team were keen to consult with families and staff to review and develop the service values. This was to ensure they fully reflected the value based ethos of the service.

Children and families were encouraged to be involved in development of service. There was an open-door policy for parents to be included and join the sessions at any time, should they wish. Parents views were sought through the use of questionnaires. All parents were invited to attend committee meetings and join the committee at the Annual General Meeting (AGM). Parents were also invited to join interview panels when recruiting new staff, and views were sought on areas for development. Well established trusting relationships meant that parents could confidently share their views and ideas. As a result parents felt valued and appreciated being part of service community. A parent told us, "As a family we all do what we can to help First Steps, whether that be helping donate things for fundraising or donating things that the playgroup need. We try to help wherever we can as we absolutely love the playgroup and the staff are just incredible at what they do."

A meaningful and well understood improvement agenda and plan were in place. As well as the structured improvement plan, the management team had implemented new processes and positive changes to practice. This included improvements to the snack time experience for all children to promote independence and choice.

Self-evaluation systems were being developed. Monitoring of play spaces and staff practice had taken place to identify gaps in provision and areas for improvement. The management team could simplify the self-evaluation process, to keep it manageable and relevant. For example, by focussing on identified areas in relation to the improvement journey, in line with improvement plan priorities, and needs of the service. Reviewing of actions identified through monitoring, would allow the management team to be able to measure the impact made to outcomes for children, and if needed to take further action. The management team were enthusiastic to develop self-evaluation on our advice to support them to continue improving the quality of service provided, and outcomes for children.

A programme of staff professional review and development had begun to take place. These gave staff opportunities to meet with management to discuss their wellbeing and professional development needs. The management team were keen to develop annual reviews and regular one to one meetings to further support staff professional development. For example, one to one meetings could be a place to support staff wellbeing, and also review progress on goals set at the annual appraisal. This could further develop a holistic approach to staff support and development, providing opportunities for acknowledgement and praise, and challenge to further enhance skills.

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

The importance of ensuring that the service was appropriately staffed during the day was recognised by management as essential. Additional staffing was in place over and above staffing ratios. This meant that children's needs were consistently well supported to enhance emotional wellbeing, and to help them to make progress at a pace that was right for them.

All staff within the small team were experienced and knowledgeable in supporting children's differing needs. They worked well together to ensure that children's experiences throughout the session were positive and that they were kept safe. Staff told us that they felt happy and well supported. One staff member shared, "I have a good relationship with my colleagues, and I feel heard and supported by my leader. We have three monthly supervision meetings to see if we have any concerns."

All parents who provided feedback told us that they were respected, valued, and well supported. Parents said, "Staff and management always ask how we are and support us like a second a family." "They need recognition for what they do, they are exceptional, we owe them a lot."

Staff absences were minimal and additional staff were being recruited to further support continuity of care. Staff interactions with children, families and colleagues were supportive, nurturing, and promoted wellbeing and safety in a respectful manner. As a result, children and families experienced a warm atmosphere because staff had good working relationships.

Staff caring for children were registered with the Scottish Social Services Council (SSSC), the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. Staff understood their responsibilities in line with their registration. As a result, children were cared for by trained, competent and skilled staff.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 September 2023, the provider must ensure that all staff have a clear understanding of their roles and responsibilities relating to keeping children safe and protected. To do this, the provider must, at a minimum:

a) revisit child protection policies and procedures and ensure that they are clear and concise with all essential information included to inform practice

b) ensure that all staff revisit training on child protection to develop a clear understanding of their responsibilities in relation to child protection, wellbeing, and safeguarding, including effective communication

c) develop accurate record keeping and meaningful chronologies as appropriate

d) ensure that the service keep children safe and protected by reflecting on practice using: A quality framework for daycare of children, childminding and school-aged childcare, Quality Indicator 1.2: Children are safe and protected (Care Inspectorate, 2022)

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 15 May 2023.

Action taken on previous requirement

Child protection policies and procedures had been reviewed and updated to ensure they were clear and concise, with all essential information included to inform practice and keep children safe.

All staff had attended basic and advanced child protection training, safeguarding, and trauma informed practice. As a result staff confidently demonstrated that they had a clear understanding of their responsibilities in relation to child protection, wellbeing, and safeguarding, including effective communication.

The service had developed record keeping systems and meaningful chronologies to use when appropriate.

The service used best practice guidance : 'A quality framework for daycare of children, childminding and school-aged childcare' (Care Inspectorate, 2022) to reflect on and improve practice.

Met - within timescales

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

To ensure that all children's health, welfare, and safety needs are met. The provider should ensure that sufficient information is gathered and recorded about all children, clearly setting out their individual needs and how these will be met. This should include, but is not limited to, ensuring that all personal plans are meaningful, working documents that include strategies of support and progress made.

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

This area for improvement was made on 15 May 2023.

Action taken since then

Since the last inspection, all children now had a personal plan which clearly captured their preferences and wellbeing needs in line with the wellbeing indicators. These were prepared and reviewed in partnership with families, every six months or sooner.

All the children had a planning sheet and progress sheet. These covered a range of learning areas. However, these were not yet meaningful, working documents that included clear strategies of support and progress made.

The management team were aware that there was still a need to develop clear and concise support plans, with broken-down strategies to support children. Plans should be reviewed and updated evidencing progress made, or adaptations to strategies for further support. This could enhance opportunities for children to make progress at a pace that is right for them.

This area for improvement has not been met and has been reworded, see key question 1, 'How good is our care, play and learning?'

Previous area for improvement 2

To keep children safe and healthy, the provider should be familiar with the best practice guidance: Management of medication in daycare of children and childminding services (Care Inspectorate, 2014). This should include, but is not limited to, keeping accurate, up to date records of any medication stored and administered.

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).

This area for improvement was made on 15 May 2023.

Action taken since then

The management of medication policy had been reviewed and updated to be clear and concise in line with the Care Inspectorate Guidance. There was a locked cabinet allocated to store medication, and a recording system put in place to monitor stored medications. Appropriate administration and consent forms were in place should any child require medication while in the premises.

The management team intend to audit the management of medication should medication be stored and administered in the service.

We were confident progress and been made and this area for improvement has been met.

Previous area for improvement 3

To enhance quality outcomes for children the provider should ensure quality assurance systems are developed.

This should include, but is not limited to, auditing of accidents and incidents, personal planning, management of medication and child protection procedures.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This area for improvement was made on 15 May 2023.

Action taken since then

Management had improved quality assurance systems and regular self-evaluation was carried out. Improvements had been made to personal plans and child protection procedures. Accident and incident audits, and effective management of medication systems were in place. This helped to keep children safe and protected from harm.

We offered further guidance about how the service could revisit actions planned as a result of self-evaluation. This would support them to measure the impact made to improve outcomes for children, or to take further actions, if needed.

We were confident progress had been made and this area for improvement has been met.

Previous area for improvement 4

To ensure that children are cared for by staff who have the right skills, experience, qualifications, and values. The provider must ensure that effective safer recruitment and selection practices are in place.

This should include, but is not limited to, being knowledgeable in the guidance: Safer Recruitment Through Better Recruitment (Care Inspectorate and Scottish Social Services Council (SSSC), 2016) and using this knowledge in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 15 May 2023.

Action taken since then

Recruitment procedures had been improved since the last inspection. All safety checks for new staff were being completed before staff commenced employment in the service.

We were confident progress had been made and 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.

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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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