

Wimberley Estate Childcare Centre Day Care of Children

Somme Crescent
Inverness
IV2 3YB

Telephone: 01463 222 115

Type of inspection:
Unannounced

Completed on:
14 May 2024

Service provided by:
CALA Integrated Services

Service provider number:
SP2010011308

Service no:
CS2010278956

About the service

Wimberley Estate Childcare Centre is registered to provide a service to a maximum of 44 children aged from birth to five years. The service is provided by CALA Integrated Services.

The service operates from a leased building, containing three playrooms, a sleep room, nappy room, children's cloakrooms and an enclosed garden. Wimberley Estate Childcare Centre is situated within a residential area of Inverness.

About the inspection

This was an unannounced inspection which took place on 13 and 14 May 2024. 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:

- spoke with ten children using the service;
- reviewed feedback received from 15 families;
- spoke with nine staff and the management team;
- observed practice and daily life; and
- reviewed documents .

Key messages

- Overall, children received nurturing care and support which contributed to them feeling safe and secure.
- Staff had developed their understanding in observing children's developing skills, and were developing planning approaches, to support children to reach their potential.
- Resources in playrooms needed to be reviewed to ensure all children have access to a range of rich and stimulating play opportunities.
- Quality assurance and self evaluation processes were not yet driving forward improvement.
- Staffing arrangements did not always ensure children receive positive experiences and consistency of care.

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 appeared happy and relaxed. We found that most staff were nurturing, kind and responsive, offering comfort and supporting the care needs of children. Most staff interactions were warm and caring, resulting in positive relationships being developed. This supported children to feel safe and secure during their time at the service.

Some children benefited from effective personal planning, with strategies in place to support them in the setting. However, not all personal planning contained up to date information for children. Some parents commented "I can't remember the last time we were invited to review personal development or plans with a member of staff" and "This (reviewing personal plan) could be addressed more". This resulted in staff not always knowing how to best support children.

Mealtimes were calm and relaxed. Older children could choose when they wanted to go for snack, meaning that their play was not interrupted. They were given opportunities to develop independence skills, collecting their own crockery, pouring drinks and tidying away. Staff were focused on children, supporting them when they needed help. Lunches were supplied by an external caterer, with food choices being nutritious and reflecting current guidance. As a result, children benefited from a positive social experience.

The management and administration of medication did not always follow best practice guidance. We found that some permission forms did not detail the correct dosage to be administered. Although staff undertook regular medication audits, this had not been identified, which had the potential to put children at risk of harm (see area for improvement 1).

Quality indicator 1.3: Play and Learning

Overall, children appeared to be having fun as they played. Older children were able to direct their play for most of the day, choosing when they wanted to play outside. Due to the layout of the building and staffing arrangements, younger children had less opportunity to play outside. This reduced children's opportunities to lead their own play. We have made an area for improvement around this under 4.1, staffing deployment.

Some staff interactions supported children's developing language, literacy and numeracy skills. Staff interacting with older children were introducing new language, explaining the meaning of words and using mathematical language as children played in the garden. For example, using positional language such as above and below when children were creating structures from blocks and loose parts. They talked about past events and experiences, referring to resources in the playroom as they engaged in conversation. This supported children's developing vocabulary.

However, some staff demonstrated a limited understanding of child development, such as schematic play types, which resulted in children's play being limited due to adult intervention. Staff missed opportunities to support younger children's developing language and communication skills through the use of song and rhyme. As a result, not all children benefited from play experiences which consolidated their learning.

Planning approaches were responsive to children's interests. Staff were developing a balance of responsive planning, and intentional planning. The majority of observations recorded the skills children were developing. Staff were in the early stages of using this information to plan appropriately to meet children's individual needs. There had been a previous area for improvement around this; although some progress had been made, this area for improvement is not met and has been re-stated (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Areas for improvement

1. To support children to be safe and healthy, the provider should review and make necessary changes to the management and administration of medication. This should include, but is not limited to:

- a) ensuring permission forms are completed accurately; and
- b) effective auditing.

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).

How good is our setting?

3 - Adequate

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

The setting was clean, tidy and well ventilated. Children had ample space to play and learn, however the play rooms did not feel warm and welcoming. There was a lack of attention to detail such as decoration and homely touches. Cosy spaces were not always well considered. For example, the cosy or quiet area in the preschool room was situated beside the door to outside, which was busy with children moving between areas. This meant that children could not rest and relax in a comfortable space (see area for improvement 1).

Resources in some playrooms reflected children's current interests, however we found that there were limited books on display, to enhance children's learning. Older children had a variety of real life resources available to support their developing imagination, but this was less evident in playrooms for younger children. As a result, not all children had a range of rich and stimulating resources to support and develop their learning.

Staff worked well together to ensure that children were accounted for at all times. This was particularly evident when older children were moving between inside and outside, with staff taking regular counts of children in the area they were in. Staff were flexible, moving to where they were needed. This contributed to keeping children safe.

A new nappy changing room provided an appropriate space for children who required support with personal care. However, younger children were not always supported to wash their hands after nappy changes, and when coming in from outside. This had the potential to spread infection. We discussed with the management team, and staff, using the sink in the nappy changing room to support this, in line with best practice guidance.

Areas for improvement

1. To ensure all children experience an environment which is welcoming and homely, the management and staff should review the layout of the environment. This should include, but is not limited to, providing cosy areas for children to rest and relax.

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

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6).

How good is our leadership?

3 - Adequate

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

There had been two changes of manager since our last inspection. The new manager engaged well with the inspection process and was committed to continuing to develop the service to ensure positive outcomes for children and families. Families had been given opportunities to come in to the setting and give feedback. The manager recognised the importance of having a shared vision that reflected the setting and families' aspirations.

Improvement planning had not been effective in meeting areas for improvement identified at the last inspection. Although the provider had facilitated training for staff, the impact of this was not evident in staff practice across the setting. As a result, there was minimal positive impact on children's experiences, as the pace of change was too slow.

Quality assurance processes and procedures were not yet robust and leading to positive change. There were gaps in the quality assurance systems, such as staff practice and children's experiences. This meant that inconsistencies in practice had not been identified, therefore we have re-stated the area for improvement made at the last inspection (see 'What the service has done to meet any areas for improvement made at or since the last inspection').

Staff had not been able to come together to reflect on their practice, however staff meetings were now planned when all staff could attend. Staff were in the early stages of developing self-evaluation processes. However, they were not using best practice guidance, such as "A quality framework for daycare of children, childminding and school aged children", to support effective reflection. This meant reflections were not influencing positive change for children and their families.

The new manager had prioritised spending time in the playrooms, getting to know children and their families, staff and the environment. They welcomed the timing of this inspection, to support ongoing improvement.

How good is our staff team?**3 - Adequate**

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

Staff were approachable and happy to engage in the inspection process. Overall, their interactions with children were warm and caring. Where individual children needed additional support, staff were clear who was responsible. This supported some children's needs to be met.

However, at certain times of the day, such as the beginning and end of the day, the approach to staffing was not outcome focused. For example, younger children were not able to access the garden until late morning, as there was not sufficient staffing in place to facilitate this. Some staff were working in rooms where they did not know children well. This did not support consistency of care and, on occasion, this meant that staff could not anticipate children's care and needs (see area for improvement 1). This also impacted on the quality of information shared at the end of the day, with some parents commenting "we get a very brief handover" and "communication all round needs to be improved." We discussed this with the management team, who were keen to establish families' preferences for daily communication.

On the whole, staff communicated clearly with each other when they were leaving an area or needing support. This supported a positive team ethos and strengthened developing relationships in the team.

The new manager was being supported in her role by the management team, and new staff benefited from planned induction, including receiving core training. This contributed to them developing the skills, knowledge and understanding they needed in their new role.

Areas for improvement

1. To support children to receive the care and support that is right for them, the provider should review and make changes to staff deployment. This should include, but is not limited to:

- a) reviewing staffing to ensure continuity of care at the beginning and end of each day; and
- b) reviewing staffing to ensure consistency of care

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

'I am supported and cared for by people I know so that I experience consistency and continuity' (HCSC 4.16).

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 support children to achieve, the provider should review approaches in place to evaluate children's progress. This should include, but is not limited to:

- a) improving the approach and skills of staff in relation to tracking and monitoring children's progress; and
- b) supporting staff to develop their understanding of how to effectively observe and assess children's learning in order to plan quality learning experiences and meaningful next steps.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

This area for improvement was made on 9 August 2023.

Action taken since then

There had been some improvement in the quality of observations of children's learning. However, staff were not yet confident in using this information to inform planning, or effectively track children's progress. Therefore, this area of improvement has not been met and has been re-stated.

Previous area for improvement 2

To support improved outcomes for all, the provider should ensure that quality assurance processes are embedded to promote continuous improvement. This should include, but is not limited to:

- a) including the views of parents and children in evaluations of improvements and to inform new actions;
- b) embedding quality assurance systems which support effective monitoring, tracking and evaluation as part of the continuous improvement process; and
- c) ensuring all staff are clear about their roles and responsibilities in effecting change and improvement actions.

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).

This area for improvement was made on 9 August 2023.

Action taken since then

Some quality assurance and self-evaluation processes had been put in place. However, these were not yet robust or having a positive impact on improvement. Therefore, this area of improvement has not been met and has been re-stated.

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?	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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