

# Aberlour Options - Ayrshire Day Care of Children

Arran Conference and Office  
Mosshill Industrial Estate  
Ayr  
KA6 6BE

Telephone: 07772 226 641

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Aberlour Child Care Trust

**Service provider number:**  
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CS2010272212

## About the service

Aberlour Options Ayrshire is a daycare of children service in Ayr which provides holiday play scheme sessions during Easter and Summer holidays, and out of school care provision during term-time.

The service can care for a maximum of 40 children and young people between four years and 19 years of age at any time.

The service is situated within a building in an industrial estate in Ayr and the children have access to a large playroom with toilet and changing facilities outwith this.

## About the inspection

This was an unannounced inspection which took place on 17 April 2024 between 14:30 and 18:00 and 18 April 2024 between 14:45 and 18:20. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- gained feedback from six parent/carers through MS form questionnaires
- gained feedback from four staff through MS form questionnaires
- spoke with six people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Children's wellbeing was supported by staff who knew them well.
- Children were happy and content within the service.
- The setting was comfortable and welcoming for children.
- To support improvement, self-evaluation processes should be developed and implemented to include children and families.
- Staff, parents and children should be consulted in the implementation of the improvement plan.
- Children were kept safe by staff who communicated and worked well with each other.
- To support their communication with children, staff should undertake further training.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	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.

### 1.1 Nurturing care and support

The interactions and engagement between staff and children were kind and caring. Staff were able to respond quickly to any changes in children's behaviour that told them they needed some support and they offered cuddles and reassurance when needed. This supported children to develop strong attachments and feel safe and secure.

Children were relaxed and confident in their interactions with staff. They approached them for support when needed and invited staff into their activities. Staff were respectful of children, and this supported children to feel valued.

Children's wellbeing was supported by staff who knew them well. Personal planning was in place for all children and was used to gather important information to support children's health, welfare, and safety. Children requiring additional support had plans in place with specified strategies to support them. For example, some children's plans specified the use of picture exchange communication system (PECS) to support them to communicate. However, the implementation of the strategies specified in children's plans were not evident in practice. We asked that the service implement appropriate strategies as detailed in children's care plans. This would ensure children were fully supported in their communication and engagement with others.

Children's wellbeing was supported through effective partnerships with parents. Regular consultations and reviews with parents, the sharing of children's play and learning experiences through an online application and a monthly overview enabled parents to be fully involved in their child's care and learning.

Staff provided opportunities for children to eat in an unhurried, relaxed atmosphere during mealtimes, and the staff were responsive to their individual needs and routines from home. This approach allowed the children to enjoy their meals at a time that suited them best. However, on the first day of our inspection, we noticed that the staff did not sit with the children during meals. After discussions, this was rectified by the second day of inspection. This change not only supported the staff in responding appropriately to emergencies, such as choking but also enhanced the sociability of mealtimes for the children, thereby ensuring their safety and well-being.

Systems for recording medication administered within the service were in place, including parental permissions and administration records. The service had kept Calpol to use on an 'as and when' required basis and parents had signed a minor ailment form to consent to this. We asked the service to ensure that only medication provided by parents for a specific illness or ailment should be administered to children. This would ensure staff were fully aware of when to administer medication and for what reason in order to keep children safe. To support this we signposted the service to 'Management of medication in daycare of children and childminding services.'

### 1.3 Play and Learning

Children were involved in leading their play and learning through planned and spontaneous experiences. They were able to develop their skills in physical play as they explored the indoor bouncy castle. They participated in sensory experiences like water, cloud dough, and lentils. This enabled children to develop their physical skills, imaginations, and curiosity through play. One parent told us: "The staff are always on point with fun and educational activities."

Children had fun as they played; we observed them laughing and smiling as they explored the available resources. They moved confidently and freely around the play spaces, which told us they felt safe in the environment.

Planning approaches were child-centred and responsive to children's interests, life experiences, and seasonal and cultural festivals, such as Halloween and Chinese New Year. This enabled children to develop their knowledge in a range of contexts as they developed lifelong learning skills through play experiences. Staff told us, "We plan several weeks in advance and often look for celebrations or "days" coming up, such as Roald Dahl Day or Pancake Day."

Staff supported children appropriately in their play and learning. They responded well to children's interests and preferences. For example, children were interested in hand printing with the cloud dough while exploring the textures. Staff supported them by adding pieces of paper, enabling children to create handprints and shapes. This displayed skilled staff interactions to support children in their play and learning.

Children had some opportunities to develop their literacy and numeracy skills as staff took time to listen to them and incorporated mathematical language into their experiences. They incorporated repetition of words, gestures, and staff used some Makaton signings to support children in communicating effectively. Makaton is a communication tool that uses speech, signs, and symbols to support people to communicate. Children and staff read books together, looked at shapes, and children listened to and sang their favourite songs from films, which the staff fully supported.

### 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.

### 2.2 Children experience high quality facilities

The setting was comfortable and welcoming for children. They had access to a large room with ample floor space. Couches and soft furnishings supported a warm, homely environment.

Children had opportunities to relax and rest within the service. Staff were developing a sensory area for children with soft chairs, rugs, and soft lighting to incorporate a quiet area for children to explore. Staff dimmed the lights and played soft music at the end of the session, which supported the children's relaxation. This enabled children to rest, relax, and self-regulate their emotions.

There were no enclosed spaces for children to access outdoor play safely while attending the service. We asked that the service continue to review this, assess children's individual needs and the ongoing risks, and look at safe ways to include outdoor experiences for children. This would support children's access to regular outdoor play and fresh air while keeping them safe. Parents told us: "Outdoor play is limited and the outdoor area is not safe due to road."

While doors were kept secure to keep children safe, staff could not view visitors approaching the service without unlocking the door. We asked that the service review this, keep a log of staff and children attending daily, and consider additional measures to ensure staff were aware of who was accessing the service. This would further support the safety of children and staff and ensure everyone was accounted for.

Some risk assessments were in place, enabling staff to identify risks and maintain a safe environment for children. Resources were clean and safe for children, and staff checked these regularly. Items for repair or maintenance were reported to the building supervisor, who the manager advised actioned these appropriately. However, not all areas accessed by children had been risk assessed, such as the indoor environment. We observed clutter within the indoor environment, which could cause risks to children, such as storing bikes and large mats. We asked the service to implement a risk assessment to consider risks within the indoor environment. This would highlight and minimise any risks to children, keeping them safe.

Staff and children followed appropriate infection prevention control procedures, such as effective handwashing, the use of wipeable table covers, and staff wiping surfaces before and after mealtimes. This kept children safe and minimised the spread of infection.

Accident and incident records were completed appropriately, and staff shared them with parents through an online application. However, it was not clear if parents had reviewed them. We asked that the service look at ways to highlight if parents had reviewed this information. This would ensure parents were fully aware of the information relating to an accident or incident that would help them support their child.

## 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.

### 3.1 Quality Assurance and improvements are led well

The service supported a shared vision as its visions, values, and aims were shared with staff and parents when starting at the service. This provided parents and staff with an overview of the expectations of the service, enabling them to support and influence improvements within the service.

Some consultations with parents supported improvements within the service. For example, feedback from parents suggested they would like more photos of what their children had been doing within the service. This led to the implementation of a 'Look what we did' monthly overview for parents, enabling parents to see what their child had taken part in over a month. This was responsive to the needs of the families attending the service and ensured they were meaningfully involved and had opportunities to influence change. One parent commented: "I've had correspondence in the past to share our views on things, and they always listen."

The area manager had set up working groups for parents to support the service, make informed changes, and reflect on practice. This was at the early stages and we could not yet see the impact of this for children and families. The service should continue to develop this and involve all parents and carers. This will support the service in fully reflecting aspects of the service and making informed improvements based on feedback from service users.

Senior managers kept an overview of quality assurance processes, such as when care plans were due for review with parents and ensuring staff were aware of updates and changes to guidance and legislation. This supported staff in keeping up to date with guidance and effectively planning for children's learning as they planned regular reviews of children's care plans with parents. We asked that the service further develop these quality assurance processes to include monitoring processes, such as reviewing staff observations of children, tracking children's progress, and observing staff practice. This would support them in highlighting areas for improvement and providing better outcomes for children.

Self-evaluation processes were at the early stages, and although an improvement plan was in place, staff and parents were not involved in this. The service should implement self-evaluation processes that support continuous improvements, involving staff, parents, and children to help them make informed improvements. We signposted the service to 'Self-evaluation for improvement - your guide' and the Care Inspectorate hub to support this.

**(see area for improvement 1)**

As part of the service's conditions of registration, a suitably qualified person must be identified as being in charge in the manager's absence. When we arrived at the service, the manager was absent, and the staff were unclear about who the designated person should be. This meant there was no clear leadership in place should an emergency occur and compromised safety for all. We asked that the service ensure clear leadership arrangements were in place in the manager's absence. This would ensure safety for all.

## Areas for improvement

1. To improve the quality of experiences and care for children and young people, the provider should further develop self-evaluation processes that identify strengths and areas for development and support continuous improvement of the service.

The improvement plan should be shared with parents, staff, children and young people, they should be meaningfully involved in identifying and planning for improvement.

The Care Inspectorate's guidance, 'Self-evaluation for improvement - your guide' and the use of a self-evaluation framework would support this process.

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?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### 4.3 Staff Deployment

The staff worked well as a team and supported each other in practice. They communicated effectively when tasks took them away from their responsibilities, which ensured appropriate supervision and engagement with children.

The sessions we observed involved a good mix of staff skills, and staff were committed to ensuring children received a positive experience. Staff knew the children well, and as a result, the children's individual needs were supported. For example, they discussed how children may be unsettled due to returning after the recent Easter break. One parent told us: "The staff are very approachable and get a positive feeling they truly care for my child's wants and needs."

The service recruited staff safely, and support was in place when they started with the service. For example, staff completed an induction and probation process and were supported by their colleagues through a mentoring process and ongoing supervision meetings. This supported new staff to become familiar with the service policies, practices, and procedures and provided regular opportunities to reflect on these at supervision meetings. Staff told us: "Staff go through an induction programme on starting their role and meet with a mentor for a set amount of sessions until they are confident in their role."

Arrangements were in place to promote continuity of care across the session. Staff welcomed children and families into the service and took time to pass on important information to parents when the children were collected. This ensured effective communication and partnerships with parents. Staff told us: "Our team has a great relationship with parents/carers of the young people we support," "We work extremely closely with families within our service, and I have built strong relationships with parents." Parents also commented: "We are always welcomed in and can speak freely regarding our child's needs."

Some staff were working towards a qualification relevant to their role, which enabled them to relate theory to practice as they developed their skills. The service had identified the implementation of Makaton training for all staff. This training will support staff to enhance their communication and engagement with children. As a result, enabling children to communicate effectively with others.

## 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 improve the quality of experiences and care for children and young people, the provider should further develop quality assurance processes that identify strengths and areas for development and support continuous improvement of the service.

The improvement plan should be shared with families and staff, children and young people should be meaningfully involved in identifying and planning for improvement.

The Care Inspectorate's guidance, 'Self-evaluation for improvement - your guide' and the use of a self-evaluation framework would support this process.



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 26 April 2023.**

#### Action taken since then

Some quality assurance systems were in place to support improvement. For example, personal plans were reviewed and management supported this by alerting staff when reviews were due to take place. Quality assurance processes were overseen by the area manager, and they signposted staff to changes in legislation and documentation enabling them to be familiar with any changes. The service should further develop self-evaluation processes, monitoring staff practice and monitoring of information recorded in children's care plans which would highlight areas for improvement. Although parents and children were sometimes consulted and provided with opportunities to give feedback, they should be meaningfully involved in identifying and planning for improvement. This should be evident through the improvement plan priorities and all service users should be fully involved.

Therefore, this area for improvement has been partially met. It has been reworded and carried forward.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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