

Aviemore Early Learning and Childcare Service Day Care of Children

Aviemore Primary School
Muirton
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Telephone: 01479 813 120

Type of inspection:
Unannounced

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9 May 2024

Service provided by:
Highland Council

Service provider number:
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About the service

Aviemore Early Learning and Childcare Service is a day care of children service situated in the main building of Aviemore Primary School in the small town of Aviemore.

The service is registered to provide a care service for a maximum of 80 children aged to three to twelve years of age.

The service is situated in a residential area, close to the town centre and other amenities. The children are cared for in three playrooms and have access to two enclosed outdoor areas. Children can also access facilities within the school building.

About the inspection

This was an unannounced inspection which took place on Wednesday 8 May, between 08:30 and 16:00, and Thursday 9 May 2024, between 08:45 and 10:00. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed nine responses to our MS Forms survey of family members of people using the service
- spoke with four staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children mostly experienced calm, positive and compassionate interactions, helping them to feel valued, secure and loved.
- Children's care, health and wellbeing benefitted from the proactive approach of many staff who worked closely with families and other professionals, enabling them to support children with identified needs well.
- Improvements did not always directly impact on children's outcomes and experiences, and consistent approaches to holistic quality assurance should now be developed.
- The service had identified the potential for children's security to be compromised related to the main door. Temporary measures and long term plans were in place to improve this situation.
- Some staff interacted skilfully, building on children's prior experiences and to enhance children's learning they did so skilfully, building on and learning.

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.

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

1.1 Nurturing Care and Support

Children generally experienced nurturing support and care from staff who knew them well and valued them as individuals. The majority of staff interactions supported the wellbeing and nurture of children. This was demonstrated through the calm, positive and compassionate interactions children experienced, helping them to feel valued, secure and loved. Some nurturing opportunities were missed, compromising children's emotional wellbeing.

Children's mealtimes were unhurried with opportunities for them to be involved in preparing snacks. Children could help themselves and select from a variety of healthy items at snack time. They were able to pour their own drinks of milk or water. This helped to promote independence skills. Homely touches at lunch times fostered a family meal time feel to the experience. There was scope to increase the homeliness of breakfast time for children attending the service first thing in the morning. Staff were not always responsive to children's needs at meal times as they were often task focused. This meant they did not always remain seated at the table with children. This resulted in inconsistent support and supervision for children eating and was not in line with best practice. The service should now consider evaluating staff deployment for all meal times. As a result we made an area for improvement (see area for improvement 1).

Children's care was supported by personal plans which contained information necessary to identify individual needs. Children's health and wellbeing benefitted from the proactive approach of many staff. They worked closely with families and other professionals to enable them support children well and meet their needs effectively. A visiting professional told us that staff were "proactive and interested" in supporting children's additional needs to enable them to realise their potential.

Children's health and wellbeing benefitted from opportunities to rest or sleep if needed. Staff actively encouraged children they knew needed a rest to make use of quieter spaces. However, sleep arrangements across the playrooms were inconsistent and did not always promote safe and comfortable sleep practice.

We found inconsistencies in the management and auditing of medication. For example, audits of medication were ineffective in identifying time sensitive use by dates. This had the potential to compromise children's medical care and support. As a result we made a requirement (see requirement 1) relating to the safe management management and storage of medication. The manager responded immediately to rectify identified issues and provided evidence of this. The manager now needs to implement effective auditing systems to ensure medication is safely managed in the service.

Parents had some opportunities for involvement. They were welcomed into the service to drop off children at their playrooms. This supported sharing of information that impacted positively on children's care. For example, during inspection, staff checked with parents whether they had applied sun cream to children at home. This meant staff could support children's health and safety effectively whilst playing outdoors. Parents told us they were also offered opportunities to be involved in stay and play sessions and also outdoor learning sessions. This demonstrated a commitment to partnership working with parents and carers.

1.3 Play and Learning

Children were having fun during their day. They confidently moved around the playrooms and approached staff for comfort or reassurance. Rooms were set out to support children's choice as resources were easily accessible. Children were able to access some loose parts and open-ended resources to support creative and imaginary play.

Children were generally able to lead their play by following their own interests and curiosity. Some opportunities were missed to extend children's thinking, ideas and learning. This was particularly evident for children attending breakfast club. However, when staff interacted to enhance children's learning they did so skilfully, building on prior experiences and learning. One example of this was a member of staff explaining the concept of camouflage to a nursery child, linked to a current interest in animals. The service should now develop consistent use of skilful interactions to support and extend children's play, ideas and learning.

A responsive approach to planning learning and development experiences was in the early stages of development. This had been identified by the service as an improvement priority. Planning was becoming more focussed on children's interests and prior learning. Staff should continue to develop and fully embed this in practice.

Observations of children's play and learning generally captured children's understanding and skills. However, they were not yet being used effectively to identify next steps in core learning and development. Some children did not have recently identified targets to work towards. This meant they may not be supporting children's current learning and development needs. Effective observations, along with mapping children's progress, had been identified as needing further development by the service and improvement work was ongoing. The manager was open to our suggestion to look at how effective next steps are generated from observations to impact directly on children's outcomes.

Children had daily opportunities to engage in literacy, language and numeracy development. Learning was supported through play, daily routines, resources and staff interactions. Staff spoke about previous experiences with children as they played, using numeracy language. For example, some children were playing in water, exploring which items would sink or float. A member of staff supported this play and introduced language such as small, big, and bigger to the learning conversation. This helped extend children's ideas about the concept of floating and sinking. One child was following their interest in mark making and writing. As they worked to create their own book, staff offered support and also gave the child space to explore and discover for themselves.

Families were encouraged to be involved in their child's learning, supporting links between home and nursery. A recent playdough activity promoted problem solving, communication, listening, language, and fostered children's curiosity and creativity. The staff had supported children to share their experience and playdough at home. Families had been encouraged to add their comments to the display, linking learning to home and promoting family engagement.

Requirements

1. By 17 May 2024 the provider must ensure that the safety, health and wellbeing of the children is improved.

To do this the provider must, at a minimum:

a) ensure that staff are knowledgeable and competent in relation to safe record keeping and administration of medication

b) implement a system for management to audit and review the storage, management and administration of medicine.

This is to comply with Regulations 4 and 10 and of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

4.— (1) A provider must:

(a) make proper provision for the health, welfare and safety of service users;

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." (4.27)

Areas for improvement

1. To support children's safety, health and wellbeing when eating, the provider should ensure that staff deployment supports an immediate response to emergency situations such as choking incidents. This should include, but is not limited to, increasing staff knowledge and competency in using Care Inspectorate good practice guidance: 'Prevention and Management of Choking Episodes in Babies and Children.'

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

How good is our setting?

3 - Adequate

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

Children experienced a setting which was clean, well-ventilated with lots of natural light. Some interesting toys and equipment, including open-ended and natural resources, were provided in both indoor and outdoor areas. These were attractively presented which helped foster opportunities for creativity, imagination and problem-solving in children's play.

For some of the day, children were given free flow access between the indoor and outdoor areas which enabled them to be independent, direct their own play and supported them to be active and healthy. The garden provided space for the development of physical skills and exploration. Staff told us they took opportunities to make visits within the local community when parents and families were available to help. These visits enabled children to explore on a larger scale with visits to a woodland area. One parent told us, "...the nursery did one day a week outdoors at the woods which was amazing and my son loved this..." However, staff told us such visits were less frequent than they would like as they depended on parent helpers.

Children's health and wellbeing was not consistently supported by effective handwashing routines. Staff did not effectively monitor children's handwashing, including after going to the toilet.

This meant that children were not consistently supported to develop good hand hygiene. Children were potentially at an increased risk of cross infection as routines were not fully established for handwashing, particularly after eating. When applying sun cream, staff wore gloves but did not change these between applications to different children. This had the potential to increase the risk of cross infection. As a result, we made an area for improvement. (See area for improvement 2).

Long term plans were in place to increase children's security related a potential security issue with the main door if children were not adequately supervised. The manager had put some temporary measures in place until planned building work was carried out. These included temporary security arrangements at the nursery office door which opened onto the setting's entrance hallway. Similar arrangements were in place for both playroom doors. The staff team worked well together to identify and minimise potential risks to children and had appropriate risk assessments in place. However, we found there was potential for children's security to be compromised. As a result, we made an area for improvement. (See area for improvement 3).

Areas for improvement

1. The provider should ensure the setting safe and secure this should include and not limited to having appropriate measures in place to ensure the setting is safe and secure.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is safe and secure." (HSCS, 5.19)

2. To keep children safe and healthy and to promote their wellbeing, the service should improve infection prevention and control measures. This includes but is not limited to:

- a) providing children with utensils to self-serve snack to prevent cross-contamination of food
- b) ensuring that correct hand washing routines and effective hand hygiene practice are established and maintained, according to infection prevention and control guidance.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: "Health protection in children and young people settings, including education"

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.

The manager had recently faced some additional pressures. At the time of our inspection, the manager was also acting as head teacher of the school. This meant they were increased demands on their time in addition to the management responsibilities of the nursery. The manager accepted changes were needed to improve identified aspects of service delivery and responded positively to our suggestions.

The vision, values and aims of the whole school had been adopted by the service. The values of the service were generally reflected in children's experiences, interactions and support from staff.

Children were not always benefitting from improvements that would directly impact on their outcomes and experiences. The service had not yet developed consistent approaches to holistic quality assurance. For example, we found some gaps in auditing and quality assurance processes which had the potential to lead to inconsistencies in children's care and support.

Self-evaluation was not yet consistently identifying examples of positive impacts on children's and families outcomes. An effective cycle of reflection, self-evaluation and implementation of improvements had not yet been established. Self-evaluation helped staff to reflect on practice although the process was not yet fully reflecting staff, parent or children's voices. The service had identified what was going well and some actions for improvement. Some school-wide improvements had been identified in the service improvement plan. However, it was not always clear how these were being taken forward in the nursery to directly impact on children's experiences and outcomes. As a result we made an area for improvement (see area for improvement 4).

Areas for improvement

1. To ensure that children benefit from improvements which have the greatest positive impacts on their experiences and outcomes, the service should ensure that they have robust quality assurance processes in place.

This should include but is not limited to:

- a) regular opportunities for reflection and self-evaluation of practice
- b) regular monitoring of staff practice to identify good quality skills and practice as well as training needs
- c) regular monitoring of the quality of children's experiences and care
- d) identifying measurable impacts that will benefit children's experiences and outcomes.

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

How good is our staff team?

3 - Adequate

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

A committed, hard-working staff team demonstrated their commitment to meeting children's individual needs. Some staff were motivated to further develop particular skills, knowledge and understanding to enable them to support children to the best of their ability. They were clearly committed to supporting children to reach their potential.

Staff deployment did not consistently meet children's needs. Some children's play and learning benefitted from some staff using skilful interactions to extend ideas and thinking. Some opportunities to extend learning and provide high quality care and support were missed. Staff could be task focussed at times, leading to missed opportunities to pick up on emotional cues from children for support or interactions. This also meant there were some missed opportunities to extend children's play and learning. At times some staff were not fully alert to incidents and children's emotional needs. (See area for improvement 1 in section, How good is our care, play and learning?)

Staff deployment sometimes impacted on children's experiences and outcomes at busier times.

This included lunch time and for older children, breakfast club. This was particularly noticeable when staff were task focused. Staff were not always aware of their positioning in relation to supporting interactions, experiences and outcomes. There was some communication between staff, for example, when they were leaving the room or which children they were with in the outdoor area. However, this was not embedded to consistently support children's outcomes or to support effective supervision. As a result, we made an area for improvement (see area for improvement 5). Staff should now develop a greater awareness of their responsibility to respond to children's supervision needs across the day.

Areas for improvement

1. To support continuity of care with regard to children's safety and wellbeing at all times, the provider should ensure that staff are deployed appropriately across the day.

This should include, but is not limited to planning staff breaks around busier times of the day such as snack and meal times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I experience high quality care and support based on relevant evidence guidance and best practice." (HSCS 4.11)

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	4 - Good
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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