

Craigentenny Castle Playgroup Day Care of Children

Craigentenny Community Education Centre
Loaning Road
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Telephone: 01316 618 188

Type of inspection:
Unannounced

Completed on:
30 May 2024

Service provided by:
Craigentenny/Lochend Playgroup

Service provider number:
SP2003003023

Service no:
CS2003013206

About the service

Craigentenny Castle Playgroup is registered to provide an early learning and childcare service to a maximum of 24 children at any one time aged between two and a half years and entry into primary school.

The service is provided from Craigentenny Community Centre in the residential area of Craigentenny in Edinburgh, and offers funded childcare to eligible children. The service has use of the main hall, toilets and a kitchen area. There is a fenced off area for outdoor play accessible from the playroom.

The service benefits from good transport links, onsite car parking, and nearby amenities. It operates during school term time only, between the hours of 08:30 and 12:00.

About the inspection

This was an unannounced inspection which took place on Tuesday 28 May between 09:00 and 14:00. 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 to and interacted with children using the service
- spoke with the staff and the manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service relating to children's care, play and learning
- assessed feedback we received from six families.

Key messages

Staff worked with compassion and care and knew children's needs well.

Spaces, experiences and interactions should be improved to support children to develop and learn at their stage of development.

Staff should be empowered to develop relationships with other professionals to collaborate and support children to reach their potential.

Improvements must be made to the security of the setting to keep children safe.

Deployment and levels of staff must improve to ensure high quality 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 1.1: Nurturing care and support

Children experienced some kind and caring approaches to support their overall wellbeing from a staff team who knew them well. There was a 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 promoting smooth and positive transitions for children, as well as building bonds between the service and families. This allowed for parents and carers to work with the service to provide positive outcomes for children. One family told us that the staff were "very approachable and kind".

Snack times could be further developed to support the development of children's skills, their independence and to keep them safe. Snack was mostly a happy, unhurried experience for children which provided a nurturing break to their day. Food was nutritious which enhanced their physical health. However, staff did not sit with children which meant there were missed opportunities for socialisation as well as communication and language development. Sitting with children would also mean staff could be on hand to offer any support where required, but also to keep children safe in the event of any allergies or choking. To promote skills development for children the service could consider involving them in the planning, preparation and cleaning up of food experiences, and to pour their own drinks. This would offer fun, learning opportunities across a broad range of developmental areas. To benchmark their practice and make potential improvements, we signposted the service to 'Keeping children safe: supporting positive mealtimes experiences in early learning and childcare (ELC)' (Care Inspectorate, 2022) (see area for improvement 1).

All children had a personal plan in place, however they were inconsistent in the information they provided. All held basic registration information, but some were missing important details such as emergency contacts. Some plans held updates to support monitoring and progress in developmental areas, such as toilet training. However, this monitoring was not consistent across all plans. This meant plans were not yet supporting continuity of care for all children. For example, one plan had not been updated since last year which meant it was likely it wasn't a current reflection of what support that child needed to flourish. The service should reflect with families on what really matters for each child in the service and ensure plans are meaningful, working documents that reflect the evolving needs and interests of each child (**see area for improvement 2**).

Staff had not made links with other professionals to support them in providing for positive outcomes for children. Making these links would support staff to identify appropriate next steps and strategies based on individual needs. Staff should also make use of any supports or best practice documents available to enable them to assess and provide them with strategies to support children at their current stage of development. Currently, some children were not getting what they needed to help them to reach their full potential. Moving forward, the service should make these links where appropriate to develop a multi-agency approach of support around the child (**see area for improvement 3**).

Quality indicator 1.3: Play and learning

Children could make choices about where they wanted to play in a mostly free-flowing indoors outdoors environment which gave children opportunities to lead their play and learning. However, children had too few opportunities to support and consolidate their learning through play at their age and stage of development. Staff knew children well and could discuss a variety of interests as well as some of their patterns of learning. However, this was not reflected in practice, or used to plan or enhance the quality of experiences provided. For example, it was noted that some children were seeking sensory play but this was not provided for indoors. This resulted in them becoming disengaged or distressed.

The free flowing experience was interrupted when staff closed the door to outside during snack time. The provider should enable staff to have the time to reflect on these routines as this meant play was interrupted for some children. Once the door was opened again, those children who had been distressed inside became very absorbed and engaged playing and experimenting with mud and sand. The lack of similar provision indoors meant there were missed opportunities to support children's creativity and choices through play experiences that were relevant or interesting to them. We signposted the service to best practice document 'Growing my potential' (Care Inspectorate 2023) to support staff with age and stage development and provision.

Moving forwards, staff should ensure they observe, reflect and respond to the differing patterns of learning and behaviours of children. This should support staff to provide rich, stimulating experiences, spaces and interactions that support learning. For example, by providing opportunities for children to create, investigate and explore through their senses, or to perform age and stage play and learning opportunities. Observing and responding to children in play would also support children's language and communication skills and build on their ability to regulate their emotions. This would support staff to continuously reflect on what children need to make progress in their learning at their stage of development. To benchmark the quality of play and learning experiences and interactions, we signposted staff to best practice document 'Realising the Ambition' (Education Scotland 2022) **(see area for improvement 4)**.

Planning approaches were mostly informal and decided verbally within the team. The staff team aimed to respond to children 'in the moment' and had developed floor books to support the planning and documenting of children's learning. However, these had not been maintained over time, and were not yet having an impact on the quality of children's experiences, spaces and interactions within the environment. Some children had some assessments of learning which were beginning to support staff to analyse children's play and to identify some next steps in learning. However, not all children had these observations of learning and those that did had not been maintained for some time. This meant opportunities to track and understand some children's learning over time was missed and meant that these children were not fully supported to reach their potential **(see area for improvement 5)**.

Areas for improvement

1. To support children's health and wellbeing and the development of learning opportunities, mealtime experiences should be reviewed. The service should ensure that staff sit with children to enhance socialisation and to keep children safe in the event of any allergies or choking.

To promote deeper skills development for children the service should involve children in the planning, preparation and cleaning up of food experiences. This would offer fun, learning opportunities across a broad range of developmental areas.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

2. The service should reflect with families on what really matters for each child in the service and ensure personal plans are meaningful, working documents that reflect the evolving needs and interests of each child over time.

Personal plans should capture all details of children's needs, interests, dislikes and wishes as well as any strategies of support for all children with parents or carers. This should be reviewed every six months, or earlier as and when things change. This will allow the service to reflect and plan for the changing needs of children over time. The service should use the document 'Guide for Providers on Personal Planning, Early Learning and Childcare' (Care Inspectorate 2021) to support improvement in this area and adhere to legislation around personal planning.

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

"My personal 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).

3. To ensure children are fully supported to reach their potential, the service should have a proactive approach to using any tools available to them. This includes working with other professionals around the child to collaborate in providing for high quality outcomes. For example, health visitors, speech and language therapists or other health professionals. This would support staff to identify appropriate next steps based on the individual needs of each child.

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

4. To ensure children are given opportunities to play and learn appropriate to their age and stage of development, staff should ensure they observe, reflect and respond to the differing patterns of learning and behaviours of children. They should reflect on best practice and national guidance to support them to benchmark their practice. This should support staff to provide rich, stimulating experiences, spaces and interactions that support children's play and learning.

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

'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling (HSCS 1.30).

5. To track and understand children's play, learning and support needs, the provider should ensure staff are enabled to effectively observe and assess children's learning so they can plan for their next steps. Observations should be shared with families to involve them in children's learning. This would allow staff to support children to reach their potential.

This is to ensure 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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 2.2: Children experience quality facilities

Staff were not always able to work effectively together to promote a safe environment for children due to a lack of security in the building and low numbers of staff. Arrangements were not well considered and gave potential for children to exit the setting across the day which exposed them to risk of harm. The risk to children was increased by the fact that the toilets were outside of the playroom. This meant a staff member had to leave the playroom to attend to any personal care needs of children. The impact of this was that children were at times left unsupervised for periods of the session. The provider must make arrangements to increase the security of the building to keep children safe (**See requirement 1**). We will report on issues around staff deployment in quality indicator 4.3: Staff deployment.

The environment had plenty of natural light and was well ventilated. However, some improvements could be made to make the environment more warm and welcoming for younger children. Staff had created a small cosier area in the hall with rugs and cushions to provide for rest. However, enhancements throughout the hall such as some comfortable seating and further decoration may give children the message that it is their space and that they matter. We signposted the service to the practice document 'Space to Grow and Thrive' (Care Inspectorate 2024).

The indoor environment did not demonstrate or provide enough opportunities for children to make progress at their stage of development. There were a range of one purpose type play resources out for children, but there was a lack of resources accessible that reflected children's interests or to support different types of play and learning. Core resources such as sand, water, and play dough were not provided which were missed opportunities to support sensory play. Staff had some risk assessments in place for children, and had prioritised their safety with certain resources. However, moving forward the provider should support staff to ensure that the quality of children's experiences are not limited or compromised. Staff should consider adding more open-ended materials and real-life items to give children opportunities and resources within the environment that support and encourage them to create, investigate and explore, and that reflect and provide opportunities for children to make progress through their individual patterns of learning.

The outdoor environment had potential for children to experience different textures to move around on and to engage in some messy, more sensory experiences. Children enjoyed experimenting with the feelings of mud and dropping it between their hands. The sand pit was closed, but staff did open it after the children asked for it. Children flocked to this immediately, giving staff the strong message that this type of sensory play was what they required. Some development of the outside area should now be considered to further support children's play and learning and to make it more inviting. For example, there was a mud kitchen available, but there were no resources to invite children into play. Providing water, sieves, pots and pans for example, would encourage and invite children to explore and investigate more sensory play but also mathematical concepts such as experimenting with volume, pouring, sharing, mixing and counting scoops. These experiences would also encourage language and communication development, and collaboration and cooperation with peers (**see area for improvement 1**).

Infection prevention and control measures were in place such as handwashing prior to eating and tables being cleaned prior to and after food experiences. To make this more robust, staff should consider how to increase handwashing across the day to include after eating and after playing outdoors. This would strengthen infection control to promote children's overall health.

Requirements

1.
By 12 July 2024, the provider must ensure that arrangements are put in place to ensure the setting is secure and does not provide any opportunities for children to leave the playgroup unattended.

To do this, the provider must, at a minimum:

- a) Review staff deployment to increase supervision of all children within the service at all times
- b) install a security system such as locks or buzzer systems
- c) update risk assessments to support staff vigilance without restricting access to any areas of play.

This is to comply with Regulation 10 (1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My environment is secure and safe' (HSCS 5.17).

Areas for improvement

1. To provide children with opportunities to play and learn based on their interests and age and stage of development, resources in both the indoor and outdoor environments should be reviewed.

Staff should be supported to observe and respond to children and add more open-ended materials and real-life items for play. This would give children opportunities that support and encourage them to create, investigate and explore. They should also reflect on and provide opportunities for children to make progress through their individual patterns of learning.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31)

and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21).

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 improvements are well led

The vision, values and aims for the setting were having limited impact on the service as a whole. The staff team wanted children to feel safe and happy but they had limited opportunity or time to reflect on their practice or on their role for promoting the vision. The provider and staff would benefit from revisiting these with families as a community to develop a shared vision that reflects everyone involved. This could enable the provider, staff, children, and families to be clear on what they can expect from the service and how the service should be delivered.

The manager was enthusiastic about developing the service and was receptive to improvement discussions, showing a capacity for improvement. For example, we discussed how exploring some national guidance may help them to reflect on the service and inform improvements. An improvement plan had also been developed which recognised gaps and strengths of delivery. However, this was yet to have an impact and support the driving of improvement. For example, training for staff in how to support and plan for patterns of play in children had not been sustained in practice.

Families on the whole did feel informed and involved in the service. The manager had sought views from families using questionnaires and surveys and one family told us, "they always ask us what we think." This showed the manager was receptive to taking on the views of families to help inform planning and the development of the service. Staff communicated informally at drop off and pick up with families and there was an open relationship between them. The manager also used social media to communicate children's experiences at play group which helped to engage families in their child's play. The service should also explore meaningful ways to support children to influence the quality of the service. While many children did engage at points during the day, others found this more difficult. Getting and responding to children's views would support the service to improve in areas important to children.

Within other aspects of quality assurance there was a lack of clarity, and processes were not well developed. For example, while some personal plan audits were carried out, gaps remained in the information recorded. Missing information had the potential to compromise children's wellbeing and learning. Also, the quality of children's play experiences and the play environment itself was not well monitored as there were no quality assurance measures in place to support this sort of evaluation. The manager took on board some suggestions to resolve this. We signposted them to environment audits from the local authority to enhance the quality of spaces and experiences provided for learning and improve the quality of provision.

Improvement planning was informal and mostly based on conversations between the manager and the staff. There were missed opportunities to recognise strengths, stages of development and learning in children, and consider areas for improvement due to the lack of time for focused and targeted improvement planning. For example, the manager and staff were able to reflect that children would benefit from a greater range of learning resources and experiences but had not yet put in plans to address this. To support continuous improvement, the provider should support the service as a whole to have appropriate time to identify improvement priorities and make clear plans to address these (**see area for improvement 1**).

Areas for improvement

1. To enhance quality outcomes for children the provider should ensure quality assurance systems are developed with staff. This should include, but is not limited to, auditing of personal planning and on the spaces, experiences and interactions that support children's age and stage of development. This would ensure staff are supported to secure children's progress in learning and enhance their wellbeing.

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

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 4.3: Staff deployment

Staffing levels were insufficient to ensure high quality outcomes for children. The approach to staffing within the service was not focused on children's needs and left gaps across the session. Whilst the service was working within the recommended minimum ratio of staff to children, the needs of children were not being met. For example, due to small numbers of staff, they had to be task focused and supervisory with limited time to engage in play or extend learning experiences. Children's safety was compromised as at certain times of the session, children were left unsupervised. For example, when a staff member took children to the toilet, or when their attention was taken outside. Very often, a staff member stood in the doorway between indoors and outside to try to supervise both areas. This did not provide for quality engagement with children. The provider must ensure there is sufficient staffing to meet children's needs throughout each session to keep them safe and well (**see requirement 1**).

The core staff group offered children continuity of care which allowed for the building of relationships, and staff worked hard to be as flexible and supportive of each other as they could. However, benefits to children were minimal due to being overstretched. Children's play was interrupted at busier times such as all going to wash hands prior to snack and everyone having snack at the same time, which may not allow for children's choices to be valued. Staff closed the door to outdoors during snack time and for some time after in order to supervise the experience. This meant children's choices were limited at this time, and some children became distressed as those more sensory experiences they were seeking were outside. While we acknowledge that these decisions were being made to try balance safety aspects, this did not meet children's overall needs throughout the session.

The manager was included in ratios which can provide benefits to role modelling of good practice. However, this meant they could not have a full oversight of the service. This resulted in gaps in quality assurance procedures such as the monitoring of personal plans and observations of children and on the quality of the environment which have already been stated within this report. The staff team recognised their capacity was stretched which demonstrated their insight into the quality of service children should have. The provider should support the manager to have time out of ratios to have oversight of the service and to identify and support improvement (**see area for improvement 1**).

Some children had individual risk assessments within the service to keep them safe. At times this meant they required close supervision or one to one support from staff in order for them to feel at ease, be kept safe, or to engage in experiences within playgroup. This further overstretched staff and resulted in them restricting some play experiences which would otherwise promote learning in children. To provide for high quality outcomes and keep children safe, there should be enough staff to be able to see and engage with children in all areas without limiting the experiences and choices children have.

Requirements

1.
By 30 September 2024, to ensure that children's care, learning and support needs are met, the provider must ensure staffing arrangements are safe and effective and meet the needs of the children in the service.

To do this, the provider must, at a minimum:

- a) regularly assess and review children's care and support needs and assess if staffing arrangements are effective in providing responsive, child-centred support.
- b) demonstrate how the outcome of children's assessments are used to inform staffing numbers and arrangements.

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

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

'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To ensure effective management and oversight of the service, the provider should ensure that the manager is given time out of ratios. This would allow them to identify gaps, support improvement, and to lead the service effectively.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

and

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

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?	2 - Weak
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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