

Ark Childcare Ltd

Day Care of Children

Woodside Steading
Mosstowie
Elgin
IV30 8UW

Telephone: 01343 551 664

Type of inspection:
Unannounced

Completed on:
29 May 2024

Service provided by:
Ark Childcare Ltd

Service provider number:
SP2004937981

Service no:
CS2004068093

About the service

Ark Childcare is registered to provide a care service to a maximum of 90 children aged from birth to 14 years of whom no more than 75 children are aged 2 - 14 years and 15 children are under 2 years.

The service is located in a rural area near Elgin and operates from a large single storey building. Most playrooms have doors which open directly into the large garden area. This has been sectioned off to provide secure spaces for each age group. A large woodland area nearby is used by the service for further outdoor learning opportunities

About the inspection

This was an unannounced inspection which took place on 28 May 2024 between 9:30am and 6:00pm, and 29 May 2024 between 8:00am and 1:00pm. 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 the staff and managers at the service
- Spoke with children during their play
- Gathered feedback about the service from families
- Observed practice and children's experiences
- Reviewed documents.

Key messages

- Children benefited from kind and caring interactions with staff, helping them to feel happy, secure and confident.
- Approaches to planning and supporting play and learning were not yet leading to consistent, positive outcomes for children.
- Outdoors opportunities for unstructured play were regular and promoted independence.
- Improvements were needed to the way in which play spaces and resources were used, to support children to safely enjoy fun and challenging play experiences.
- The service had begun to make progress towards developing a culture of continuous improvement.

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?	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?

3 - Adequate

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

1.1 Nurturing care and support

Children benefited from kind, nurturing interactions by staff who offered support and reassurance whenever needed. This included interactions during outings to the woods, where staff were quick to respond to children if they needed help. This supported children's wellbeing throughout the day. Staff knew the children well and had established positive relationships with them and their families. This enabled them to provide care in line with family preferences and wishes. Parents agreed that their children were well supported, with one parent telling us, "Staff are kind and nurturing and adapt their care to meet the children's needs."

Where personal care was required, it was delivered respectfully with warm interactions, helping to promote dignity and privacy. Children were encouraged and supported to wash their hands after nappy changes or visiting the toilet. Staff wore disposable aprons and gloves to minimise the potential spread of infection, and provided a pop-up tent for privacy when supporting personal care in the woods.

The overall wellbeing of the children was supported through the effective use of personal planning. Plans in each room had been revised in consultation with families and contained information based on the wellbeing indicators. Parents told us that they felt fully involved in compiling the initial personal plan, but some parents did not feel they were involved in regular and meaningful reviews. One parent said, "Personal plans are updated regularly and parents are actively encouraged to participate and provide detail about what their child likes, dislikes, needs help with and excels at." Another parent said, "It would be good to get more feedback on development." We discussed with the manager, the need to monitor these plans to ensure the contents are consistently used by staff in practice, and reviewed frequently. The manager shared plans to carry out regular monitoring from August 2024. We agreed that this was a priority and we refer to this further within key question 3 of the report. This will help to ensure that all staff have access to the information they need to support all children.

Mealtimes in each of the rooms were calm and unhurried. In the baby room, the round table enabled the children to see each other and this led to a positive, sociable experience. Staff joined them at the table to supervise, and to model and promote good eating habits. Arrangements for the 2-3 room had changed since the last inspection and more space had been created for the children to sit together. However children were still not able to move around, for example to serve themselves or each other. We agreed with the manager's proposal to move towards a flexible snack and lunch, to create further opportunities for independence and choice. This was trialled at snack time during the second day of inspection. Snack and lunchtimes in the 3-5 rooms were relaxed and sociable, with an adult sitting at each table for most of the service. To enable adults to sit for the entire time children were eating, and to increase independence opportunities for the children, we suggested some further changes.

Across the setting meals were nutritious and balanced, and the new cook had consulted children and parents on changes to the menu which were well received. We spoke with children in the after school club who told us that they especially enjoyed the chicken curry. Staff were knowledgeable about allergies and intolerances throughout the setting. Fresh water was available in most rooms throughout the day, and additional water jugs were provided in each room on the second day of inspection. This meant that children could stay hydrated.

Children's wellbeing and safety was supported by sensitive arrangements for sleep and rest. Staff in the 0-3 rooms knew children's routines well and followed information in personal plans to ensure that children's needs and family wishes were respected. This helped to promote good habits around sleep and enhanced children's wellbeing. Where medication was required to be administered, staff understood how to safely store and administer medicine to children. This supported children's health and wellbeing.

1.3 Play and learning

Most children were engaged and busy at play. Children told us that they enjoyed playing in the woods and outside. Indoors, many of the children in the 3-5 told us that they enjoyed the quiet room, where they could read stories and play imaginative games. Children in the baby room enjoyed exploring sensory resources and sharing books. In the 2-3 room, children enjoyed imaginative role play in the home corner, and construction activities. Staff followed children's leads and interacted with them when invited into their play, for example in the home corner. However the resources in the main 3-5 playroom were limited, which meant that most children spent their time in the outdoors area. Outside, younger children enjoyed water and sand play as well as using scooters and trikes. Some of the children from the 3-5 room enjoyed a walk to the woods for some free play there. These play experiences promoted opportunities for children to play together, investigate and develop communication skills. Parents told us that they valued the wide range of activities on offer, especially outdoors.

Although children had fun during play, there were some missed opportunities for staff to follow children's interests and enhance their learning. This meant that at times, children's learning was not progressed. For example, some children in the baby room showed an interest in transporting and posting items, but resources that had been recently created to support this had been tidied away. In the 3-5 room the children had been interested in learning about space. They had contributed to a display of planets in one area of the room, however there were few resources here to further engage children's curiosity or extend their learning. Children in the 3-5 room told us that they often went to the woods for a walk but didn't learn anything specific while they were there. Some parents also told us that they did not feel well informed about what their child had been learning. One parent told us, "Curriculum delivery could be more engaging and extending for the children." Another parent told us, "I am welcomed into the facility but it's not often there is an opportunity to discuss my child's learning and needs."

Since the last inspection, the service had extended the use of "focus week" sheets to each of the rooms. Observations of children's progress were made and then shared with parents. The service now needs to ensure that all observations consistently use the language of learning, show individual progress and contain meaningful next steps. Some parents felt that the focus week helped them to gain an understanding of their child's progress. For example, one parent told us, "I review my children's plans regularly and get a focus sheet to fill out once a term including a feedback sheet regarding how well my child is doing and things for her to work on, the staff have been great with giving me ideas on how to support her learning." Some parents did not feel that the process gave them meaningful feedback. One parent said, "When we have been given the focus child sheet at the end of the week or the week after they have been "focus child", we've never received feedback on what they did to make our child the focus child. Or what they worked on." The manager told us that a new planning and tracking system was being introduced in the new session. We agreed that this has the potential to support staff to offer a balance of planned and spontaneous learning opportunities, and to ensure consistency around sharing learning. At the last inspection we made an area for improvement around effective planning for play and learning. This area for improvement has not been met and remains in place (**see previous area for improvement 2**).

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. For example, older children had opportunities to visit the library and take part in swimming lessons. The service made good use of local facilities such as Morriston playing field for their sports day. This supported children to develop a sense of belonging in their community. Parents valued these opportunities, with several parents telling us that their children enjoyed the regular trips to the woods. We discussed with the manager, the need to consider staff training for outdoors learning, to ensure that daily trips to the woods are meaningful and challenging.

How good is our setting?

3 - Adequate

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

Playrooms in the service were spacious and benefited from plenty natural light and ventilation. Most rooms had cosy spaces where children could rest or sit quietly with a book, and the 2-3 reading corner was particularly welcoming. Each room had displays of children's art work and this helped to give a message to children that they matter. Some of the indoor spaces were showing signs of wear and were less inviting as a result. The manager informed us that the flooring throughout the main corridor and into the 2-3 cloakroom was due to be replaced in the summer, and this would be a welcome update.

Outside, in the 0-3 area a track had been created for children to drive around on their trikes and bikes. Children enjoyed using this space. In the 3-5 area, the main outdoor space available to the children had been reduced. Fencing and a gate separated the barked area from the paved area, which meant that most play took place on the barked area. This led to the same spaces being used for different types of play. Loose parts play was well used by the children during the day, however later in the day football games often took over the space. This meant that children were not consistently offered a range of rich, stimulating play resources. Parents told us that although they liked the amount of outdoors space available to the children, it could be improved. One parent said, "The outdoor area is very run down." We agreed that the way in which outdoor spaces are used and the resources available to the children, needs to be addressed in order to provide stimulating, challenging play and learning opportunities for the children.

Indoors, the service had been supported through a detailed audit of the environment by the local authority. This had identified the need to provide more developmental play opportunities such as sand and water play, and role play, for all age groups. Further suggestions had been made to support the development of literacy and numeracy across the setting. Although the resources in the 0-3 area were well stocked, the indoor and outdoor areas accessed by pre-school children were not providing sufficient opportunities for discovery and high-quality learning. The manager told us about plans to address the ease of access to resources in the 3-5 area. We agreed that this would help to support children's learning and development. At the last inspection we repeated an area for improvement in relation to resources for play and learning, both indoors and outdoors. This area for improvement has not been met and remains in place (**see previous area for improvement 1**).

Children were kept safe throughout the day by staff who worked well together to ensure all children were accounted for. Formalised risk assessments for all aspects of the service were in place. However, these did not contain enough detail to support staff to minimise potential risks and to keep children safe. We made an area for improvement to introduce robust systems for assessing risks. Children should be involved in conversations about risks and benefits, and assessments should be shared, understood and actioned by all staff. We discussed with the manager ways in which best practice guidance on keeping children safe could be linked to this (**see area for improvement 1**).

Children were encouraged and supported to wash their hands effectively at appropriate times. This helped to minimise the spread of infection. However, procedures for ensuring the cleanliness of bathroom areas, including nappy changing units and step stools, were not effective and some areas were found to be unclean. We made an area for improvement to increase infection prevention and control measures in all areas where personal care takes place, to minimise the risk of infection (**see area for improvement 1**). Changes had been made since the last inspection to the nappy changing room in the baby room. It had been adapted so that it complied with latest nappy changing guidance. We discussed with the manager the adaptations necessary to the nappy changing area in the 2-3 room, to ensure compliance with the guidance. This is included in the area for improvement.

Areas for improvement

1. To ensure that children are kept safe, the provider should make sure that arrangements are in place to maintain a safe environment. This includes but is not limited to:

- a) Regularly reviewing the indoors and outdoors environment for potential risks and taking action to address these.
- b) Ensuring effective infection prevention and control practices are implemented and audited.
- c) Ensuring that nappy changing facilities are enclosed to provide privacy and minimise the potential spread of infection.

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

'My environment is secure and safe' (HSCS 5.19).

How good is our leadership?

3 - Adequate

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

The service had a clear vision, values and aims for the service. These had recently been reviewed in consultation with children and families. This meant that they reflected the needs and aspirations of everyone involved in the service. The manager told us that the service had identified next steps regarding embedding the values in all aspects of the service and to ensure that families and children were fully involved in this.

Staff had worked together on several aspects of the service improvement plan including self-evaluation. This had developed since the last inspection, with staff clearly identifying where improvements had been made. They had begun to reflect and evaluate on the impact of the improvements made on outcomes for children. We agreed that the service should continue to focus on self-evaluation for those aspects which lead to improved outcomes for children. We also advised that the service continue to find meaningful ways of involving children and families in the self-evaluation process. Most parents agreed that their feedback was regularly sought through emails, the Family app and at stay and play sessions. However, some families did not agree that they had sufficient opportunities to contribute, and we discussed with the manager ways in which families could become more involved.

The manager had taken positive steps to build an ethos of continuing improvement. This included the introduction of monitoring of practice and records and reflecting on the impact of improvements on outcomes for children. At the last inspection we adapted and re-stated a previous area for improvement in relation to quality assurance. We noted the positive steps the service had taken to address this and agreed

with the manager's proposed next steps. These should ensure that quality assurance and self-evaluation processes are sustainable and fully embedded in practice. This area for improvement has not been met and remains in place (see previous area for improvement 3).

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.

Children benefited from kind and caring interactions from the staff, and this helped them to feel confident, secure and happy. Staff had built strong connections with children and families and demonstrated a good understanding of individual children's needs. Parents agreed that staff knew their child and their needs well. One parent commented, "Staff are friendly, welcoming and approachable. Happy to give advice and support when needed as well."

The staff in each room told us that they felt well supported by the leadership team. This included having access to training opportunities, time to reflect on their practice and learn from their peers. This was beginning to have a positive impact on outcomes for children. Staff also told us that the flexible rotas in place enabled them to be more responsive to children's needs. They communicated well with each other, and this helped to ensure continuity and safety for children. Staff breaks were well planned. This further supported continuity for the children and enabled staff to maintain their health and wellbeing.

Staffing levels were sufficient to enable children to free-flow between indoors and outdoors in the 3-5 room. Staff in all the rooms had agreed on ways of working that would enable them to focus on interactions with the children, whilst ensuring that daily tasks such as setting up for snack were attended to. This was beginning to have a positive impact on children's experiences.

Arrangements for transitions and communication with families at the start and end of the day were mostly effective. Most parents were happy with arrangements at pick up times and told us that they received good information about their child's day. Some parents of children in the 3-5 room told us that they would like to receive more detailed information at pick up times, with one parent telling us, "More feedback on how they are doing, and 1:1 time with keyworkers. It can be difficult to discuss worries with other parents around." Another parent commented that pick up times were very busy. They said, "Mostly a good interaction. However, it's a lot busier lately and the handovers feel a little rushed and unstructured." We agreed that this was an area where children and families would benefit from more consistency. The manager agreed to address this through the monitoring systems being introduced in the new session.

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 promote play which supports children across their developmental stages, the service should provide a stimulating range of resources which foster imaginative play, creative thinking, problem solving and learning.

This should include but is not limited to:

- a) Evaluating the variety and type of resources used with all ages of children.
- b) Ensuring that children have access to the resources and activities they choose.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 25 August 2023.

Action taken since then

Resources in the 0-3 rooms had been reviewed and as a result, changes had been made to the way in which these were offered to children. This was beginning to have a positive impact on outcomes for children. Children in these rooms would benefit from having consistent access to resources which support schematic play, to support their development and learning.

Resources in the 3-5 room, indoors and outdoors, were not providing a rich variety of experiences. The manager plans to make adaptations to storage areas in order to make them more accessible to children and this should be addressed at the earliest opportunity. Children were not yet able to fully lead their own play and learning.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To promote child-led play and learning, the provider should ensure that a balance of responsive and intentional planning supports children's choice of activities and experiences.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 25 August 2023.

Action taken since then

The manager and staff had made improvements to their systems for intentional planning, with learning walls and floorbooks being used to gather evidence of learning. The service now needs to address responsive planning and ensure that staff are trained and confident in offering experiences and activities centred on children's interests. Templates and systems have been developed to support this from August 2024.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To support improved outcomes for children, the provider should ensure that quality assurance processes are robust and transparent. This should include, but is not limited to:

- a) Regular opportunities for staff to participate in meaningful and sustainable self-evaluative practice.
- b) Fostering an ethos of continuous improvement which promotes children's, staff's and parents' ownership of change.
- c) Monitoring methods of practice such as positive interactions and approaches to enabling child-led play and learning.

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); and

'I am confident that people are encouraged to be innovative in the way they support and care for me' (HSCS 4.25).

This area for improvement was made on 25 August 2023.

Action taken since then

Quality assurance systems were beginning to support the manager and staff to foster an ethos of continuous improvement. Staff welcomed opportunities to reflect on their practice and the impact of changes on outcomes for children. Monitoring of practice was not yet in place, however systems for effective monitoring had been developed and were due to be implemented in August 2024. These systems, once embedded, should support the service to offer consistently high quality interactions and play and learning experiences for children.

This area for improvement has not been met and remains in place.

Previous area for improvement 4

The manager/provider should ensure that staff are supported to develop the necessary skills to provide quality experiences for children. This should be achieved through:

- a) The development of a central training plan that identifies individual and group learning needs that is effectively monitored.
- b) Evaluation of the impact of training, how it has been implemented in practice and how it has had a positive impact on outcomes for children.
- c) Shared learning within the staff team and an opportunity to reflect on practice, including but not limited to positive interactions, child-led play and learning and effective planning for experiences and next steps in learning.

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

'I have confidence in the people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and

'I am confident that people are encouraged to be innovative in the way they support and care for me' (HSCS 4.25).

This area for improvement was made on 25 August 2023.

Action taken since then

Staff deployment had improved since the last inspection. Staff had had opportunities to identify and take part in training which supported them to provide improved experiences for children. They had begun to routinely reflect on the impact of changes on children's wellbeing and development.

This area for improvement was found to have been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
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?	4 - Good
4.3 Staff deployment	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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