

Peerie Foxes Ltd Day Care of Children

The Salvation Army Mission Hall
45 North Road
Lerwick
SHETLAND
ZE1 ONT

Type of inspection:
Unannounced

Completed on:
28 May 2024

Service provided by:
Peerie Foxes Ltd

Service provider number:
SP2019013296

Service no:
CS2019374246

About the service

Peerie Foxes Ltd is situated in the former Salvation Army Mission Hall in a residential area of Lerwick.

The service is registered to provide a care service to a maximum of 30 children not yet attending primary school at any one time. No more than 10 are aged under two years; no more than 10 are aged two years to under three years.

The service has sole use of the building. Older children were cared for in a large playroom with younger children being cared for in two adjoining rooms. Children had access to toilet facilities and enclosed outdoor play area.

About the inspection

This was an unannounced inspection which took place on 27 May 2024 between 09:30 and 16:45 and 28 May between 08:45 and 12:15.

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:

- spent time with children using the service and spoke to five of their parents/carers
- received eight responses to our request for feedback from parents
- received four responses to our request for feedback from staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were mainly cared for by kind, nurturing staff who knew them well.
- Staff deployment impacted on the quality of care for some children.
- Children were involved in leading their own play and learning.
- Staff were continuing to develop their skills and confidence in planning approaches.
- Children were cared for in pleasant, developmentally appropriate surroundings.
- Quality assurance practices need to be further developed to ensure consistently high-quality experiences and 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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

1.1 Nurturing care and support

Children were mainly cared for by kind, nurturing staff who knew them well. Most staff used gentle voices when talking to children and offered cuddles, comfort and age-appropriate explanations. There were some inconsistencies, however, when less experienced staff missed opportunities to positively support children. Management agreed that further mentoring of inexperienced staff will help to ensure consistently positive practice in supporting children.

Children's overall wellbeing was supported through the effective use of personal planning. Plans included individualised information on children's needs and how these would be met. Families were included in developing and reviewing plans to ensure information was current and relevant. We found that information was spread over several systems, which could make it difficult to access and we encouraged management to consider a more concise method of storing children's information.

Children's mealtime experiences were inconsistent across the setting. Older children had a relaxed, pleasant experience, where they were supported well by most staff. Children lacked opportunities for developing independence. For example, whilst the homecooked meals were appetising and followed nutritional guidelines, there were few opportunities for children to help with preparation or serving. Management agreed to look at ways of incorporating these into every mealtime routine. Children in the younger group were not always responded to appropriately during these busier times of the day. This included when some children were upset and others fell asleep during lunch. Staff struggled to attend to some children's needs whilst carrying out necessary tasks such as setting up cots. During discussions the manager recognised the need to review staff deployment to ensure that children are sufficiently supported at all times (see Area for improvement 1).

Children had opportunities to rest and relax. Some children had to wait however, when they fell asleep during their lunch, for cots to be set up, resulting in them sleeping at the table. Staff made regular checks of sleeping children, however did not always use the baby monitor. We discussed the need for a consistent approach by all staff to supervising children's sleep to ensure a safe and comfortable experience at all times (see Area for improvement 1).

We identified some issues with the recording and storage of medication during the first day of the inspection. We discussed this with the manager who made immediate changes to the recording, storage and auditing of medications to follow current guidance and help ensure children's wellbeing. We observed a child being given medication on the second day of the inspection and this was carried out sensitively and safely.

1.3 Play and Learning

Children had fun and were involved in leading their play and learning. Children chose how they wanted to play and were busy building walkways and obstacle courses outdoors. A group of children found a bee and were supported by staff to look after it. Children were encouraged and their efforts praised.

Staff took their lead from children during play, which helped provide stimulating spontaneous learning opportunities.

Planning for children's learning followed themes, which included "Healthy Me", and hatching and caring for chickens and tadpoles. Activities for the older group were linked to the Curriculum for Excellence and followed children's interests. Observations of children's learning were shared with parents and one parent told us they particularly liked being able to access their child's learning journal in their tray. Next steps for learning were identified, however were not always obvious in planned activities. We discussed further development of planning to reflect these to help ensure that all learning is individualised and relevant to children's needs. Staff had had recent training in planning for children's learning and some were more skilled than others at extending children's play and ideas. Management acknowledged this and agreed to continue to support staff in this area.

Children had opportunities to develop their skills in literacy and numeracy. Staff sang throughout the day with children and, although we did not observe storytelling, books were available. Environmental print showed children different ways of displaying written information and children had contributed to the Peerie Foxes adventure book, which recorded outings and trips. Numbered items and clocks demonstrated written numbers for children, while staff counted with children and encouraged them to name colours. These measures provided learning opportunities throughout the day for children.

Staff worked with other agencies and professionals when necessary to help meet children's needs. This included speech and language therapy and contributing to multi-agency plans. Visits to schools with children helped support transitions to primary one.

Children experienced regular outings in the setting's mini bus to local venues such as a wooded area and beaches. Staff told us they had also taken children on a ferry to a playpark on a nearby island. This helped children widen their experiences and connect with their local environment.

Families had opportunities to be meaningfully involved in their children's learning. Regular events gave parents opportunities to meet each other, play in the setting with their children and contribute ideas. Families were invited to "FOMO" (Family Opportunity to meet Others) sessions. Parents spoke positively of these and how valuable they were in helping them feel valued, welcome and involved in their children's experiences.

Areas for improvement

1. 1. To promote children's wellbeing, the provider should ensure that children's care needs are adequately supported at all times of the day, particularly during lunch and sleep routines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1:19).

How good is our setting?

4 - Good

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

Children were cared for in welcoming surroundings.

The playroom used for older children was warm and homely, and staff had worked to develop interesting and stimulating play spaces. Loose parts and real-life items helped promote children's curiosity and imagination. Younger children were cared for in two adjoining rooms and one of these was used during parts of the day as a sleep room. Staff had structured these rooms to provide developmentally appropriate spaces, however management recognised the need to further develop these areas. We suggested more floor play and further development of real-life resources such as household items, which would reflect the experiences of the younger children. Children had access to natural and sensory materials such as water outdoors, and soil to explore and "plant" vegetables in. The manager told us they are planning to construct a sand pit in the garden to provide further opportunities for play and exploration.

Children had regular opportunities to play outdoors. The older children had freeflow access to the garden, weather permitting, whilst the younger group were taken outside daily. This area was fully enclosed and had been developed to provide natural grassed areas as well as decking. The manager shared plans to further develop the outdoor area during the summer to provide more flexibility in children's play.

Children's safety and wellbeing was supported by staff practice. Staff carried out risk assessments and supported children to understand how to keep themselves safe. They helped children balance on beams when they needed support and reminded them when they needed to take care. Personal care and hygiene followed infection prevention and control guidelines, and surfaces were cleaned before and after mealtimes. Staff checked with others before letting anyone unknown to them into the building and locks on internal doors helped ensure children accessed only the play areas. These measures helped ensure that any risks to children were minimised.

Children's privacy was promoted through a secure setting. Children's information was securely stored in locked cabinets and data held on computers was password protected. This helped ensure children's and families' confidentiality.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

A clear vision for the service, which included that they strived to achieve caring, excellence and trust, was displayed for staff and parents. This helped all stakeholders understand what to expect from the service. The caring ethos was evidenced through staff interactions and nurturing behaviours. Staff recognised the importance of building positive, trusting relationships with families. They demonstrated caring and inclusive practices such as presenting parents with a flower on their child's birthday, and producing regular e-mail updates in the languages of all attending families and staff. This helped children and families feel valued, respected and cared for.

Families had opportunities to influence the development of the service. They were asked for their opinions through regular feedback questionnaires. Responses to these were collated and acted upon. Parents told us they felt their views mattered, with one parent commenting, "I am asked for feedback regularly and genuinely feel I could share my thoughts with the manager any time."

Some quality assurance practices were in place to support self-evaluation and planning for developments. The manager used a quality assurance calendar to support these and had a clear vision of planned developments. They had developed a system where they identified and recorded areas for improvement on notice boards, however these were difficult to follow and were not easily accessed by staff.

We encouraged the manager to consider a system that is easily accessed by all stakeholders to help ensure plans for improvement are clear and accessible to fully support positive outcomes for children.

The manager told us they had adapted challenge questions from supporting guidance to support staff to self-evaluate at their regular team meetings. Staff, however, were not always clear of their role in leading improvements. We suggested introducing staff to the Care Inspectorate's "Quality framework for daycare of children, childminding and school-aged childcare" to support their practice and increase their confidence and understanding of self-evaluation to support high quality care for children (see Area for improvement 1).

Staff attended regular team meetings where they discussed developments, practice and children's progress. However, processes for the regular monitoring of staff practice and individual supervision and support sessions were not in place. These had taken place previously and we were advised they had been temporarily suspended. The manager acknowledged the benefits of regular supervision and planned to reintroduce them. We encouraged them to continue with these plans to help ensure formal monitoring of practice and promote staff's confidence and competence in their roles.

At the time of inspection, the service was participating in the Care Inspectorate's Improvement Programme, which aims to support services to improve the quality of Early Learning and Childcare and meet the National Standard.

Areas for improvement

1. To promote consistently positive experiences and outcomes for children, the provider should ensure robust quality assurance, including self-evaluation and monitoring of practice, accessible to and involving all staff and stakeholders.

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 based on relevant guidance and best practice' (HSCS 4.11).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses

Children were cared for by a staff team with a range of skills and experience. Experienced staff modelled good practice which helped less experienced staff develop their skills and knowledge. We did, however, find some inconsistencies in practice, where children were not well supported. We discussed this with the manager who was aware of which staff required support to develop their practice in providing nurturing care and support to children.

Staff were encouraged to develop their knowledge and skills. They spoke positively about training they had attended recently, including outdoor play and planning for learning. They were encouraged to share their learning and told us how they planned to use this to help with planned developments to the outdoor area. These measures helped staff build confidence in their practice in supporting children's care, play and learning.

New staff were supported to understand their roles and responsibilities through an induction process based on the National Induction Resource. Less confident staff were aware of who to go to for support, and we saw some signs of leadership within the staff team. Recruitment practices did not, however, follow guidelines with pre-employment checks not being carried out prior to staff working in the setting. The manager agreed to review recruitment procedures to promote children's safe care. We signposted them to supporting guidance "Safer Recruitment Through Better Recruitment" on the Care Inspectorate Hub (See Requirement 1).

Children were cared for by staff who communicated well with each other and parents. Messages about children's care needs were passed on verbally and in written notes. These were kept throughout the day in each playroom before being transferred to individual personal plans. This helped ensure staff had access to information they needed to support children when they needed it.

Children's care was somewhat supported by the planning of staff breaks and duties. Staff absences were covered in-house, which helped promote consistency for children. In the older group, we saw staff letting children know when they were leaving for a break, which helped children understand what to expect. At busy times however, such as when parents arrived, staff were unable to answer the door. Parents told us they found this frustrating, as they sometimes had to wait to be admitted to the building. Staff deployment did not effectively meet the younger children's needs. During lunch and sleep times staff were carrying out multiple responsibilities, which left them unable to offer children the level of support they needed. We discussed this with the manager, who agreed to review staff deployment to ensure consistency of care for all children (see Area for improvement 1).

Requirements

1. By 1 July 2024, the provider must have policies and practices in place to safely recruit staff, following current guidance. To do this, the provider must, at a minimum carry out all required pre-employment checks.

This is in order to comply with section 7(1)(b) 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 states that: 'I am confident that the people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Areas for improvement

1. To promote children's wellbeing and safety, the provider should ensure that staff are always deployed effectively to meet children's care and support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1:19).

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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