

Community Playgroups (Armadale) Day Care of Children

Armadale Community Centre
North Street
Armadale
EH48 3QB

Telephone: 07951 377 199

Type of inspection:
Unannounced

Completed on:
24 May 2024

Service provided by:
Community Playgroups SCIO

Service provider number:
SP2012011983

Service no:
CS2015338511

About the service

Community Playgroups (Armadale) operates within a community centre situated in a residential area of West Lothian. The service has exclusive use of a building at the back of the centre. Children have access to a designated entry area, large playroom, a fully enclosed outside area and children's toilets. A kitchen area is used for the storage and preparation of snacks and meals.

The service is provided by Community Playgroups SCIO and is registered to provide a day care of children service to a maximum of 29 children from age 2 years to not yet attending primary school at any one time. The service is in partnership with West Lothian Council.

About the inspection

This was an unannounced inspection which took place on 23 May 2024 between 8:40 and 15:15 and 24 May 2024 between 8:40 and 11:00. Feedback was given at the end of the second inspection visit. 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 with a number of children using the service
- spoke with and gathered feedback from families
- spoke with management and staff
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children experienced nurturing care and respectful interactions.
- Children were happy, relaxed and enjoyed the activities and experiences available.
- Children were empowered to lead their play and learning.
- Staff worked well together to meet the individual needs and wishes of children.
- Children should be given more opportunities to develop independence during snack and mealtimes.
- The recording of children's medical needs should be reviewed and developed.
- Daily risk assessments should be consistently followed to ensure the safety and wellbeing of 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

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

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

How good is our care, play and learning?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the children's experiences.

Quality indicator 1.1: Nurturing care and support

Children experienced nurturing care which supported their feeling of belonging and being well cared for. They were happy, relaxed and confident throughout most of their day. Positive attachments and trusting relationships with staff contributed to children feeling safe and secure in their care. The morning routine should now be reviewed to ensure all children are welcomed into the service at a pace that meets their individual needs and wishes.

Staff sensitively responded to children's individual cues when seeking comfort and reassurance. Children were supported well to explore and express their emotions. Tools such as soft toys and puppets encouraged children's learning of different emotions. Gentle discussions with staff promoted their understanding of their own feelings and those of others. Cosy and comfortable areas gave children space to rest and relax, enabling them to set their own pace of day. This all supported children to feel emotionally secure in the care setting.

Personal care was sensitively supported and respectfully promoted children's independence, privacy and dignity.

Staff gathered important information about children to help them provide the right level of care and support. Positive working with families and other relevant professionals meant children received care tailored to meet their individual needs. To promote a positive settling in experience, staff should ensure they have a sound knowledge of children's personal care and support plans before the child starts. Families told us they were fully involved and updated about their child's care and personal plans.

Children experienced relaxed, unhurried and sociable mealtimes. Allergies were managed well, contributing to children's continued wellbeing. Children were beginning to express their views about the foods on offer and planned future snacks and lunches, promoting choice and inclusion. Children could be more involved in preparing and self-serving their own foods and drinks. This would encourage their independence and an understanding of where food comes from. Some action had been taken to address improvements highlighted at the last inspection. The service should continue to review and enhance children's mealtime experience. See area for improvement 1.

Children's wellbeing was protected as medication was safely stored and easily accessible by staff. Some action had been taken to address improvements highlighted during the last inspection. The service should continue to review and update the recording of children's medical needs and ensure all relevant information is gathered and readily available in the event of an emergency. Reference should be made to the document 'Management of medication in daycare of children and childminding services'. This document can be found within the HUB section of our website. See area for improvement 2.

Quality indicator 1.3: Play and learning

Children were having fun and enjoying a range of experiences which provided them with opportunity to be creative and engage in physical play. Consultative and responsive planning with clear links to children's individual plans was supportive of their emerging interests. This enabled staff to plan stimulating activities and experiences to promote continued learning and development. The service should now enhance reviews of children's individual support plans to include formal assessments and evaluations of identified next steps. Families told us they enjoyed seeing photographs of their children and hearing about their learning through the 'Family App' and talking to staff at collection time.

The set up of play spaces gave children choice and enabled them to lead their own play and learning at an individual pace. This included active and physical play, blocks, books, sensory experiences and a range of loose parts play materials.

Skilled interactions by staff meant children were supported to problem solve and become independent. Staff promoted language and literacy well throughout interactions and activities. They should now enhance daily experiences to offer further challenge in their play. For example, science, technology, engineering, and mathematics (STEM). This would boost children's natural curiosity and enhance focus and engagement.

Children were supported well to communicate and express their needs and wishes. Staff skilfully used symbols, signs and speech to promote communication and empower children to lead their play, learning and pace of day.

Children enjoyed free flow access to the outside play space. This area provided extended experiences and opportunity to engage in physical and risky play. Children enjoyed playing on bikes and climbing and splashing in puddles. Children's learning of appropriate risk was promoted as they used low level logs and loose parts materials to create structures for climbing and standing on. Staff promoted children's learning of keeping themselves and others safe through gentle chats and encouraging them to think about their actions.

Children experienced some good opportunities to develop positive connections with their local community. This included walks in the surrounding area and visits to the local library where they enjoyed regular opportunities to join in 'Book Bug' sessions. The service should now consider how they can increase children's engagement within their community.

Areas for improvement

1. Children should be more involved in preparing and self-serving their own food and drinks to support their learning, development of new skills and independence.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible'. (HSCS 1.38)

2. Management and staff should consult with families and ensure all relevant medical information is gathered, clearly recorded and known by all staff. This is to include named medical conditions. Also, the administration of medication forms should be updated to ensure information recorded is in line with current guidance and best practice.

This is to ensure 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'. (HSCS 4.27)

How good is our setting?

4 - Good

Quality indicator 2.2: Children experience high quality facilities

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the children's experiences.

Children were welcomed into a warm, bright, clean and well ventilated environment. Furnishings were comfortable and appropriate to the children in attendance. The indoor and outdoor environments were structured well, giving children space to move around and make independent choices of where they wanted to play.

Some photographs of children and their artwork displayed on walls contributed to their feelings of belonging and inclusion. The level of photographs and artwork displayed could be increased to promote the inclusion of all children. Also, consideration should be given to placing these at a height where children can continually see them and reflect on activities they have enjoyed.

Children and family's privacy was promoted through the safe and secure storage of personal information. Available space where families could confidentially speak to staff further promoted their privacy and dignity.

Children's health was promoted through effective cleaning routines and action taken to reduce the spread of infection. They were supported well to access appropriate handwashing facilities and maintain their personal hygiene throughout most of the day. We reminded the manager to encourage children to wash their hands after eating and outdoor play. We asked the service to review infection control measures to ensure a consistent approach to all areas used within the service.

Robust risk assessments identified potential harm to children and relevant actions to be taken to reduce these. However, there was potential risk to children through access to hazardous cleaning materials stored in a low level cupboard within the nappy changing area. Children accessing the toilets passed this area unaccompanied. We raised this during the inspection and immediate action was taken to safely relocate the cleaning materials. The daily risk assessments undertaken before children arrive should be consistently followed with appropriate action being taken where needed. This is to ensure appropriate storage of hazardous materials and the safety and wellbeing of children. See area of improvement 1.

Areas for improvement

1. To ensure children's continued safety and wellbeing, all staff should be fully aware of, and follow the risk assessments in place. Vigilance and action taken by staff regarding the safe storage of hazardous materials should be maintained to reduce children's risk of harm. Management should regularly monitor the implementation of risk assessments as part of the quality assurance procedures.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My environment is safe and secure.' (HSCS 5.17)

How good is our leadership?

4 - Good

Quality indicator 3.1: Quality assurance and improvement are led well

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the children's experiences.

Management and staff had developed a shared understanding of what was important in the service. This helped to create a caring environment where children were supported well to progress with their development. Families were encouraged to contribute to the development of the values within the service. This demonstrated an inclusive care setting where families were listened to, and their views mattered. Families told us they were regularly asked to share their views and kept up to date with what was happening in the service.

Effective communication and an ethos of mutual trust and respect contributed to positive working relationships between staff and management. Staff told us they were supported well and felt valued as a team. Management promoted staff's confidence and skills by encouraging them to take on leadership roles which were of interest to them. For example, developing the outside area, maintenance of display boards and sharing important information with families. This motivated the team to take pride in their work.

Quality assurance tools including 'A quality Framework for daycare of children, childminding and school aged childcare' were consistently used by the whole team. This supported ongoing evaluations and enabled the team to reflect and measure the quality of care and support provided to children and families. The area manager had identified improvements could be made to the monitoring of staff practice, children's experiences and information recorded in personal care and support plans. They had developed a new tool to support the team in gathering meaningful information. Once fully embedded this tool will enhance assessment and evaluations and effectively contribute to action plans to secure improvements. This will further promote improved outcomes for children.

The current improvement plan was progressing well and clearly identified improvements to be made and what action should be taken to achieve these. This plan was having a positive impact as it was kept under regular review by management and discussed with staff. This was supporting a whole team commitment to provision of quality care and support for children.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the children's experiences.

Quality indicator 4.3: Staff deployment

Children benefitted from secure and positive relationships with staff who were caring and nurturing. They consistently gave praise and encouraged children during their play. Staff were mindful of children's development stage and demonstrated respect for them in their interactions, such as using gentle tones of voice and encouraging sharing. Parents told us "Staff are always so welcoming, friendly and so approachable."

Children confidently approached staff and invited them into their play. The relaxed pace of interactions built children's trust and contributed to their enjoyment. Staff were responsive to children's requests and understood children's need to move resources. This resulted in children's play and learning being extended and enhanced.

Management of staffing always ensured sufficient staff to child ratios including busier periods such as lunch time and collection of children. This contributed to children's continued supervision and support to meet their needs.

Staff positioned themselves appropriately during the sessions, enabling them to have an overview of the playroom, contributing to children's safety. Staff made themselves available to children and moved freely to support and extend their play between the indoor and outdoor spaces. The effective communication between team members such as their morning chat contributed to positive engagement and supervision of children. Parents told us "Always a good staff to child ratio most times extra staff."

The manager recognised the importance of staff receiving regular training and development opportunities to enhance outcomes for children. Staff were proactive in carrying out research online to maintain their knowledge and understanding of current best practice. Staff should now be supported to become more familiar with other key best practice documents such as 'Realising the Ambitions' and 'Food Matters' to support positive experiences for children.

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 children's continued care, learning and development in the service, the provider should ensure that important information is gathered and recorded in all children's personal plans. This should include, but not be limited to information being effectively used to provide opportunities and experiences which support children's individual development and achievements.

Care and support plans should be reviewed and developed with parents to include identified strategies to support children's continued care and learning.

This is to ensure that 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)

This area for improvement was made on 25 May 2023.

Action taken since then

Children's care and support plans had been regularly reviewed and updated. Where needed, specific support strategies had been developed and implemented to enable children to continue with their learning and enjoyment in the service. These strategies had been developed with families and other professionals to ensure they remain current and promote consistency between the service and home. This area for improvement had been met.

Previous area for improvement 2

To promote safe and positive meal and snack time experiences for children, the provider should review current practice to identify areas for improvement. This should include, but not be limited to, supporting staff to plan strategies and identify potential hazards for children who did not like to sit down when eating. Children should be more involved in preparing and self-serving their own food to develop independence skills.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed atmosphere as possible.' (HSCS 1.35)

This area for improvement was made on 25 May 2023.

Action taken since then

Some action had been taken to address this area for improvement. Staff effectively supervised and sat with children during mealtimes. Children were engaged with staff and enjoyed a relaxed mealtime experience. There was still scope to improve children's involvement in mealtime routines and development of independence. This area for improvement remains outstanding. More information can be found in the body of the report under quality indicator 1.3: Play and learning.

Previous area for improvement 3

To enhance quality outcomes for children, the provider should ensure quality assurance systems are developed. This should include, but is not limited to, auditing of personal planning, management of medication and child protection procedures.

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)

This area for improvement was made on 25 May 2023.

Action taken since then

Appropriate action had been taken to address most of this area for improvement. Quality assurance systems and actions plans were progressing well. The service had self identified monitoring as an area to be enhanced. A new auditing tool had been developed to support effective assessments, evaluations and quality assurance. Staff and management had a good understanding of their roles and responsibilities in safeguarding children. Relevant records were held which identified appropriate actions were taken when needed. This area of improvement was met.

We have removed the detail of the management of medication from this section and made a new area for improvement under quality indicator 1.1: Nurturing care and support within the body of this report.

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

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

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