

Preschool Academy Day Care of Children

3 School Street
Coatbridge
ML5 4DQ

Telephone: 01236 897 760

Type of inspection:
Unannounced

Completed on:
23 August 2024

Service provided by:
Preschool Academy (Scotland) Ltd

Service provider number:
SP2015012437

Service no:
CS2014332769

About the service

Preschool Academy is registered to provide care to 59 children aged from birth to those not yet attending primary school.

The service operates from a single storey property located within a residential area of Coatbridge, North Lanarkshire. The service is close to shops, transport routes and other amenities. Children are cared for across three playrooms and have regular access to enclosed outdoor spaces.

About the inspection

This was an unannounced inspection which took place on 21 and 22 August 2024 between 09:30 and 17:00. Feedback was provided to the manager and a representative from the Local Authority on 23 August 2024. 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 children using the service and received feedback from 12 of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy and settled in the service.
- Staff interactions with children were kind and caring, helping them to feel safe and secure.
- Improvements were needed to medication systems, to ensure medicine was safely stored and administered.
- The variety of toys and materials needed to improve to support children's play and learning experiences.
- Most children experienced a relaxed and unhurried mealtime.
- The environment was clean and welcoming.
- Quality assurance systems needed improved to identify gaps in practice and actions needed.
- Staff worked well together to provide a warm and positive atmosphere 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, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support.

Children were happy and settled in the environment. Staff were kind and supportive in their approaches to caring for children, responding to their cues and requests. For example, helping to put their jackets on and providing drinks when children were thirsty. Parents commented positively on the care their children received and told us 'we are very happy with the care and support our child gets at Pre School Academy Nursery' and 'Pre school academy plays an important role in my child's development.'

Personal plans were in place for all children, which helped staff become familiar with children's individual needs, likes, dislikes and medical information. Staff knew children well and shared with us how they supported them. However, it was not clear if personal plans had been reviewed and updated in partnership with children and families. Management should ensure personal plans are reviewed and contain up to date information to support children and their individual needs.

The service provided a flexible settling in process for new children, which helped ensure they were supported in their new environment. This provided opportunities for children to build positive relationships with adults. We discussed with management on ensuring staff were mindful of the importance of relationships when caring for children, planning rotas and completing tasks. This would contribute to children feeling safe and secure. For example, when carrying out nappy changing.

Most children experienced unhurried mealtimes and enjoyed nutritional food on offer. We shared some suggestions to further support children's independence skills. For example, younger babies would have benefitted from practicing self-feeding to support the weaning process and their enjoyment of food. Most older children experienced sociable mealtimes, chatting with staff and their peers. Staff sat with children, helping to support safe eating. However, some children experienced a busy and noisy mealtime. We discussed routines of the day and reported on this under 4.3 staff deployment. More opportunities for children to self-serve meals would promote their independence. The manager had plans in place to action this.

Children's personal care needs were supported in a caring manner. For example, nappy changing and sleep routines. Safe sleeping practices helped ensure children were kept safe and rested, supporting their wellbeing.

Children's medication was stored within the main office area and staff were aware of children's medical needs. However, improvements were needed to the storage and recording of all medication to ensure these reflected medicine directions and accurate information on signs and symptoms. In addition, reviews of short-term medication should take place to reduce the amount of stored medicine that is no longer needed and returned to parents. We discussed improvements to medication at the last inspection and there had been limited progress, therefore, we have made an area for improvement. (See area for improvement 1).

Quality indicator 1.3: Play and learning.

Overall, children had fun in their play, exploring toys and materials available to them. For example, children in the 3-5 room enjoyed the Lego and younger children enjoyed singing songs with staff. Whilst there had been improvements to the presentation of toys and materials, there continued to be areas that needed attention. For example, ensuring there were enough materials to support all children's natural curiosity, creativity and engagement.

Planning systems in place helped staff plan experiences to support children's play and learning. Planning meetings regularly took place to provide opportunities for staff to come together to discuss plans. However, we suggested reviews of planning systems were carried out to help ensure these were supportive of children leading their own learning. We made an area from improvement at the last inspection; therefore, we will continue this at this inspection. (See area for improvement 2).

Children enjoyed staff involvement during their play and interactions were positive. For example, when staff were reading stories with children or participating in construction experiences. However, there were some missed opportunities to respond to children's interests. For example, children were asked for their preferences of paint but these were not provided and younger children's discoveries could have been extended further.

Children's next steps were highlighted within personal plans and were intended to support children's learning and help them achieve. Whilst some parents felt they received regular updates about their children's learning and progression, some parents felt next steps were not always specific to their child. We discussed with management on reviewing next steps for all children to ensure these are appropriate for individual children and that practice reflects these.

Opportunities to explore outdoors supported children's wellbeing. Children enjoyed these opportunities, and one child told us 'we are just in for lunch and then going back outside. I was going really fast on the tyre swing.'

Areas for improvement

1. To ensure children's wellbeing and safety is supported, the provider should make improvements to medication systems.

This should include, but not limited to, improving storage of medication and recording systems.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure that children are supported to develop and learn, the manager should make sure that they experience high quality, freely chosen play 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, 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).

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities.

The environment was welcoming, clean and tidy. Spaces for children to store their personal items promoted a sense of belonging. For example, individual pegs for their jackets and storage for their shoes.

Children's emotional development and comfort was supported through access to cosy spaces. These spaces included cushions, blankets and rugs for children to relax on. Soft lightening helped promote a warm and cosy ambience within the service. Children enjoyed accessing these areas and engaging in stories with each other and adults.

The service had developed the presentation of play spaces and defined areas for play. This meant that the overall environment was appealing and inviting for children. There was space for children to move and could choose which part of the playroom they wished to play in, supporting their choices and wishes.

A number of safety measures were in place to ensure children were protected from harm. This included secure entrances, regular hand washing and cleaning surfaces. In addition, staff wore gloves and aprons when carrying out personal care for children. For example, nappy changing.

Whilst the service had the correct number of toilet and changing facilities to accommodate and meet the needs of children in attendance during the inspection, we discussed with management on ensuring they had enough facilities should their numbers rise. For example, nappy changing facilities should reflect guidance. Management agreed this would be reviewed.

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 improvement are led well.

Management were welcoming during the inspection and were receptive to feedback and suggestions given to support outcomes for children and families. Through discussions, they recognised there were improvements needed and were keen to take actions.

On the first day of inspection, the managers were not in attendance, however, they made themselves available shortly after inspectors arrived to support the inspection process. We advised management to consider developing contingency plans for future proofing any issues around the absence of management. This would help ensure there is effective management of the service to ensure children experience a well-managed service. This would include reviewing roles and responsibilities of all staff. Managers provided assurances they would action this.

An improvement plan was in place highlighting the priorities for the year ahead. This included looking at children's progress in their play and learning. We discussed with management on reviewing play opportunities provided for children to help ensure these were enabling and supportive of their progression.

Improvements were needed to quality assurance systems to identify gaps in practice and the actions needed to address these. For example, audits of medication systems, personal plans, accidents and incidents, and risk assessments. This included ensuring accurate information and dates are included within records. Whilst an action was in place to address these since the last inspection, there has been limited progress to these improvements needed. Therefore, we have made an area for improvement. (See area for improvement 1).

Safe recruitment processes were in place to help ensure the right people were recruited to care for children. Further consideration could be given to including interview questions within their recruitment files. This would help ensure robust assessments are carried out. All staff were registered with the appropriate body. For example, the Scottish Social Services Council (SSSC). We discussed with management on supporting staff to ensure their registration was updated, reflecting their current qualifications and the status of these.

Management were keen to support the wellbeing of staff and support them in their role. Staff commented positively on this and felt they could approach management should they need to. This contributed to staff being happy at their work.

Some consultations with children were carried out to gather information on their thoughts and ideas. However, staff should consider the purpose of gathering children's views, the questions asked and what happens next. This would help ensure that children's voices are authentically heard and acted upon.

Areas for improvement

1. To support children's wellbeing and safety, the provider should ensure quality assurance systems are improved. This should include, but not limited to, improving auditing systems to identify gaps and actions needed.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3: Staff deployment.

Staff interacted with children in a kind and caring way, ensuring they supervised them well. Children were comfortable in the care of adults and sought them out if the needed to. Staff worked well together to provide a welcoming and positive atmosphere for children. Parents commented positively on the staff team and told us 'all the staff are very friendly and welcoming' and 'staff are really friendly and supportive.'

Some consideration had been given to the placement of roles of staff. For example, introducing a room lead for each room. We discussed with management on reviewing opportunities for training to increase all staff skills and knowledge. This would contribute to improving the experiences for children and helping to ensure they are kept safe. (See area for improvement 1).

Staff communicated well together to help ensure information was shared between the team. The use of walkie-talkies meant that staff could communicate easily without impacting on their placement within rooms or supervision of children. Whiteboards and notice boards were used in playrooms and corridors to share information with parents and staff. This included lunch menus, numbers of children and if children were inside or outside.

Staff breaks were organised in a way that had limited impact on children's day. However, at times throughout the day, staff became task focused, which meant there missed opportunities to support children and provide reassurance. For example, when nappy changing.

At times play opportunities were restricted due to unnecessary routines. For example, younger children expected to sit for circle time, tidying up too early for lunch and waiting long periods before lunch was served. We discussed with management on reviewing daily routines to help ensure these were supportive of children's age and stage of development. These should be reflective of a relaxed pace and aligned with children's individual needs.

Areas for improvement

1. To support children's play and learning, development and wellbeing, the provider should ensure staff access training appropriate to their role and apply their training in practice.

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 people because there are trained, competent and skilled, are able to reflect on there practice and follow their professional and organisational codes (HSCS 3.14).

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 ensure that children are supported to develop and learn, the manager should make sure that they experience high quality, freely chosen play 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, 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).

This area for improvement was made on 9 August 2023.

Action taken since then

Whilst we recognise there had been progress in addressing this area for improvement through improved placement of areas and play spaces, further improvements were needed to the toys and materials. This would contribute to the experiences on offer to children, helping to ensure they could lead their own learning and extend their thinking. This would help reduce adult led experiences and increase children's engagement. We have therefore repeated this area for improvement at this inspection and referenced this in the body of the report. Therefore, this area for improvement is not met.

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? | 3 - Adequate |
| 1.1 Nurturing care and support | 4 - Good |
| 1.3 Play and learning | 3 - Adequate |
| 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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