

Burns Bairns Under 5's Group Day Care of Children

2 The Cross
Mauchline
KA5 5DA

Telephone: 07752 072 111

Type of inspection:
Unannounced

Completed on:
4 June 2024

Service provided by:
Mauchline Burns Bairns Under 5's
Group

Service provider number:
SP2011011388

Service no:
CS2011280369

About the service

Burns Bairns provides a day care service from a community centre in Mauchline.

The service is registered to provide a care service for a maximum of 33 children up to 16 years of age. The service is close to local primary schools, shops, parks and other amenities. The children are cared for in the community hall with access.

About the inspection

This was an unannounced inspection which took place on 3 June 2024 between 09:15 and 16:00 and 4 June 2024 between 08:45 and 16:30. 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 four people using the service
- gained feedback from 16 parents through Microsoft form questionnaires
- gained feedback from six staff through Microsoft form questionnaires
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff displayed warm, nurturing interactions with children which helped them feel valued.
- Children were having fun and expressing themselves through play.
- To support children's learning, planning processes should continue to be developed.
- Children felt valued and safe through a warm and welcoming environment.
- To support positive outcomes for children the service should develop quality assurance, self-evaluation and planning for improvement processes to ensure ensure they are leading to meaningful improvements.
- Staff were deployed appropriately throughout the day which helped keep children safe.

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?	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

Staff displayed warm, nurturing interactions with children and offered reassurance such as cuddles when children were upset. Staff were responsive to children's needs. They supported children to resolve conflict and develop their skills in sharing in play experiences. This supported children to feel safe and secure. Parents told us: "My child is comfortable with all staff they speak about them regularly."

Children were invited for a transition visit before starting with the service, where they could play, meet the staff and children, and explore the learning environment. The manager spent time with parents, showing them around the environment and explaining how the service works. They discussed their children's individual needs, likes, and dislikes, which helped children settle within the service and supported staff in meeting their individual needs. Parents told us: "They have always ensured a comfortable environment for parents" and "My child is always happy."

Personal Plans were in place to support children's wellbeing and targets were agreed with parents, but the quality of plans were inconsistent. While targets were recorded, they did not clearly identify how children would be supported to make progress in their learning. When children required additional support, appropriate strategies had not been implemented to support them in their learning. Personal Plans and additional support plans should be developed to clearly identify strategies to support children's needs. This would ensure they received the right support at the right time.

Children were kept safe through robust medication policies and procedures. Health plans were in place which supported staff to meet children's health and wellbeing needs. Children's records contained detailed information to support staff in the safe administration of medication.

Since the last inspection the lunchtime experience for children had improved. Staff sat at the table with the children, with another staff member providing additional support if needed. This supported a sociable experience for children. They were encouraged to develop independence as they could self-select foods and pour their drinks. Groups of children were split into two rooms to reduce the noise levels and offer a relaxed atmosphere, but we found it was still noisy at times. We made some suggestions to support a calmer lunchtime experience.

1.3 Play and Learning

Children were having fun and expressing themselves through play. For example, we saw children exploring a variety of 'sticky shapes', which they put on their arms and hands and engaged in a superhero game. This enabled children to develop their imagination and interests through play experiences.

Children's interests and life experiences were incorporated into their play and learning opportunities. For example, children had shown an interest in babies and were playing with dolls, bathing them and pushing them in prams. Whilst staff engaged in conversation with children, they were not skilled in asking open-ended questions to support and extend children's learning. Staff would benefit from further training to

enable them to provide depth and progression in children's learning. This would support children to make progress.

Children could self-select resources from open shelving and drawers, enabling them to make independent choices in their play. While we saw that the environment had been developed to include literacy and numeracy in areas, further work was still required to provide more high-quality learning experiences for children. Some play areas would benefit from additional prompts which would help children develop their ideas as they explored play areas.

Planning processes were at the early stages of development. While staff had recorded observations of children the quality of observations were mixed. Some staff had recorded what children were playing with but did not identify the learning that had taken place or how they would support them to make progress. Staff should further develop their skills in recording observations of children. This would help them to identify children's achievements and plan next steps for development.

Learning journals were in place for all children but they did not clearly identify children's progress and any support needed. Some targets contained in the learning journals were different to those recorded in children's personal plans. This caused confusion and did not support staff to track children's learning and plan appropriate activities.

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.

2.2 Children experience high quality facilities

Children benefitted from a warm, welcoming environment and parents were invited into the service at the end of the day. We asked the service to consider inviting parents into the service at drop off times. This would maximise opportunities for staff to strengthen relationships with families. Parents told us: "Staff are all welcoming and approachable."

Children were kept safe when accessing the service. A secure buzzer entry system prevented unauthorised people from entering the service. Visual displays such as, whiteboards supported staff to know how many children were present at any given time. This ensured all children were safe and accounted for.

Children had access to a large playroom with designated play areas and free-flow access to an enclosed outdoor space. This enabled them to make informed choices about where to play in a safe environment. Some children were involved in identifying hazards within their outdoor play environment. We suggested how the service could extend this to indoors. This would support children to identify risks and keep themselves safe. Staff told us: "The setting is always well maintained and safe."

Staff reduced risks to children through regularly checking resources ensuring they were safe and accessible. Risk assessments supported staff to ensure mitigations were in place to keep children safe. New resources had recently been added. We asked that that equipment that created an additional risk were risk assessed to reduce risks to children.

Some infection prevention and control measures were in place. Children were encouraged to wash their hands after playing outdoors, before eating, and after using the toilet. We asked that the service continue to

support children with this as some children did not effectively wash or dry their hands at key times. This would help them to reduce the spread of infection.

Children enjoyed many opportunities for outdoor play to support their wellbeing. We made suggestions about accessing the wider community to enhance learning experiences and continue to build relationships with the local neighbourhood.

How good is our leadership?

3 - Adequate

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

3.1 Quality Assurance and improvements are led well

Children were kept safe through regular audits of procedures such as medication, accident and incident records. This supported the service to identify areas for improvement and take action to reduce risks to children.

Children's views were sought when planning improvements to the service. For example, children were consulted when buying new resources. This led to purchase of a new sand pit and slide for the outdoors. This supported children to feel valued and respected as they were able to make informed decisions regarding the implementation of resources within the service.

Parent's views were sought regarding improving aspects of the service. One example of this was that the service had reviewed the drop-off and pick-up procedures for children. This had resulted in parents coming into the service at pick up times to see their children play. This supported positive relationships with families. We asked the service to continue to develop this.

Although some monitoring had been completed this had not had an impact on practice to support positive outcomes for children. We asked that monitoring be further developed to include more observations of practice. This would allow management to identify strengths, areas for development and any training required. This would help meet children's needs and promote high quality learning experiences (**see area for improvement 1**).

The service had developed an improvement plan and shared their key priorities with parents. They had provided feedback which had led to some improvements such as, a more welcoming set up of the playroom. The service should continue to work towards achieving the key priorities set out within their improvement plan to ensure sustained improvements for children and families.

Whilst staff had informal opportunities to be involved in self-evaluation processes, this needed to be developed further to support improvement. This would allow staff to identify strengths and areas for development (**see area for improvement 1**).

Staff were supported through one-to-one meetings. This focused on their wellbeing but did not identify their strengths or training needs. These should be further developed to include a process for developing staff successes and areas for improvement. A benchmark such as staff job descriptions should be used to support quality processes, which would lead to improvements (**see area for improvement 1**).

Areas for improvement

1. To support positive outcomes and experiences for children, the manager should ensure that processes for quality assurance, self-evaluation and planning for improvement are implemented fully and further developed where necessary. They should ensure that processes are leading to meaningful improvements which are focused on outcomes for children. This should include but is not limited to:

- Observations and feedback on staff and child interactions and the quality of children's experiences.
- Further develop routine robust self-evaluation for improvement. This would support staff in making informed changes in practice.
- Further develop staff one to one's to include a process for developing staff successes and areas for improvement relating to their individual job descriptions.

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?

4 - Good

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

4.3 Staff Deployment

Staff were deployed appropriately throughout the day, with staff allocated to specific areas within the learning environment. Staff were responsive to children and where they chose to play. For example, when children wanted to play outdoors, staff followed them outdoors to supervise and support play. This enabled children to make informed choices about their play while keeping safe.

Staff communicated well with each other when leaving the playroom, for example, when changing children. This ensured that adequate supervision remained in place to keep children safe.

New staff were supported through an induction process, which enabled them to become familiar with the service's policies and procedures. New staff told us they felt welcomed and part of the team, and management were approachable if they required support. This contributed to a welcoming ethos.

Staff had identified leadership roles within the service; however, these were at the early stages of development and had not yet led to improved experiences and outcomes for children. We asked that they continue to develop leadership roles based on staff's areas of interests and strengths. This would allow them to lead developments which would result in more positive outcomes for children.

Staff had completed some online training to help them develop their role. Although some training evaluations had been completed they did not show how the training would impact practice and outcomes for children. We suggested they would benefit from visiting other establishments to share good practice and providing more in-depth evaluations of training would enable staff to evaluate what they had learned and highlight how the knowledge and information from training would impact the service they provide.

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 children experience stimulating learning environments both indoors and outdoors, the provider should ensure that the indoor and outdoor environments:

- are set up when children are present
- are sensitively structured and take into account all children's stage of development,
- reflect children's current interests,
- are well resourced with materials to support children's learning,
- have well maintained furniture and resources.

This is in to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'The premises has been adapted, equipped and furnished to meet my needs and wishes' (HSCS5.18).

This area for improvement was made on 25 April 2023.

Action taken since then

Learning environments both indoors and outdoors were set up when children were present. They were structured and took into account all children's stage of development and reflected children's current interests. Areas were well resourced with materials to support children's learning. Therefore, this area for improvement has been met.

Previous area for improvement 2

To support children's wellbeing, the provider should review and improve the mealtime experiences.

This should include, but is not limited to:

- Reviewing staff deployment to ensure familiar staff consistently sit with children for the duration of their mealtime.
- Staff providing support where appropriate, to children during mealtimes
- Involve children in the planning and preparation of mealtimes

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

This area for improvement was made on 25 April 2023.

Action taken since then

The lunchtime experience had improved for children and all staff lunches were out with the children's lunches. This enabled staff to sit with the children at the table at this time with one staff member supporting the overall lunchtime experience.

Lunches had been split into two rooms to reduce noise levels and support children to engage in a relaxed sociable lunchtime experience.

Therefore, this area for improvement has been met.

Previous area for improvement 3

Management and staff should review and improve the processes for safely administering medication to children. This should ensure parental permissions, staff practice and medication recordings are in line with care Inspectorate's guidance, 'management of medication in a day care setting'.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 25 April 2023.

Action taken since then

Appropriate medication procedures were in place to support the safe administration of medication. Children's signs and symptoms were clearly recorded and planned for and medication forms included parental signed permission. Children had individual Health Plans in place to support their wellbeing and appropriate reviews and audits of medication were in place to keep children safe.

Therefore, this area for improvement has been met.

Previous area for improvement 4

To keep children safe, promote their wellbeing and ensure positive outcomes for children are at the heart of all improvements, the provider and manager should develop robust quality assurance and performance management processes. This should include but is not limited to:

- monitoring calendar
- environmental audits
- medication Audits
- accident/incident Audits

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 25 April 2023.

Action taken since then

The manager had developed some quality assurance processes such as audits of medication, accidents and incidents. However, monitoring should be further developed to include more observations and feedback on staff and child interactions and the quality of children's experiences. This would help to identify any inconsistencies and where improvements were needed.

Self-evaluation should be further developed to include routine robust self-evaluation for improvement. This would support staff in making informed changes in practice.

Staff one to one meetings should be further developed to include a process for developing staff successes and areas for improvement. A benchmark such as staff job descriptions should be used to support quality processes as this was not currently evident within one to one meetings.

Therefore, part of this area for improvement has been met and it has been reworded and included in this inspection.

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	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?	4 - Good
4.3 Staff deployment	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.