

Simpson Playhouse Day Care of Children

18 Cameron Street
Stonehaven
AB39 2HS

Telephone: 01569 766 655

Type of inspection:
Unannounced

Completed on:
2 August 2024

Service provided by:
Simpson's Playhouse

Service provider number:
SP2003000399

Service no:
CS2003013753

About the service

Simpson Playhouse is registered to provide a daycare of children service to a maximum of 51 children, of whom no more than 15 will be under 3 years of age and of whom no more than 36 will be aged 3 to 12 years.

The nursery is based in the coastal town of Stonehaven in Aberdeenshire close to local amenities. There are three separate playrooms for babies, children aged 3-5 and another for the Out of School Club. The nursery has access to an enclosed garden area.

About the inspection

This was an unannounced inspection which took place on 1 August 2024 between 09:00 and 17:30 and 2 August 2024 between 09:00 and 11:30. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for 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:

- observed children using the service
- received feedback from seven families from our online questionnaire
- received feedback from three staff from our online questionnaire
- spoke with the staff and management team
- observed practice
- reviewed documents.

Key messages

- Children were happy, confident and settled.
- Staff knew children well which supported them to meet their needs.
- Children benefitted from relaxed, unhurried mealtimes that supported their independence.
- Children were seen to be leading their own play and learning.
- The management team engaged well with the inspection process and were responsive to suggestions made.
- Some areas of the nursery environment required maintenance and thorough cleaning to ensure children accessed a safe and welcoming environment.
- Planning and observation cycles are under review and should be further developed to ensure high quality 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?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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 evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1: Nurturing care and support

Children were happy, confident, and settled in the service. They experienced warm and nurturing care from staff which supported their health and wellbeing. Staff provided reassurance and comfort, supporting children to feel valued and secure in the setting. A parent told us, "The staff are friendly & certainly show care to the children!" Another commented, "Friendly staff who are genuinely caring towards my child"

Personal plans gathered information from families that was mostly relevant to the continued care and wellbeing of children. Staff knew children well and were able to talk about their needs. A parent told us, "We're given children's personal plans, possibly every six months, and are asked to contribute to them." We found some information had not been updated which could result in missed opportunities to effectively support children. For example, information on children's current needs and abilities. Personal planning should be developed further to ensure all children with additional support needs, such as developing speech and language have detailed care and support plans in place. This would ensure children experience consistent approaches from all staff, including relief staff members.

Mealtimes were mainly relaxed and unhurried experiences for children. Children's allergens were well managed. They benefitted from plentiful and healthy food choices, supporting their health and wellbeing. There were opportunities to support children's independence, for example, serving their own food and drinks where appropriate. There was scope to develop the organisation of mealtimes, for example, ensuring consistent support for younger children. This would reduce waiting times and help ensure children did not lose interest in the mealtime experience.

Systems for recording medication were in place, including parental permissions, storage information and records of administration. Medications were stored appropriately, and staff were confident in discussing children's medical needs. Audits were in place to ensure all medication was in date and long-term medications were replaced in a timely manner. This helped ensure children's medical needs were safely met.

Children benefitted from well managed procedures for intimate care. Staff were respectful of children's rights and asked for the child's permission before carrying out tasks, speaking to the child throughout the procedure. This promoted a nurturing and rights respecting experience for children.

Sleep routines were well managed and supported children to rest, relax and refresh. They were well supported throughout nap time experience, benefitting from cuddles, reassurance and nurturing interactions when they woke up. Fresh sheets and blankets were provided for children, supporting their comfort. Although mats for sleeping were cosy and comfortable, they did not support children to be safe as they were not firm. The management team were responsive to our suggestion and discussed the purchase of new mats. This would further support children's health and wellbeing.

Staff attended regular child protection training and a policy was in place, supporting staff's practice should they identify a concern. Staff were confident in who to go to if concerned about a child's wellbeing.

Significant events in children's lives were recorded to help ensure children and their families were provided with the support and care they needed.

Quality Indicator 1.3: Play and Learning

Children were having fun and engaged in play experiences. They had opportunities to lead their own play and were seen to access most resources independently. Staff were skilled at recognising and responding to children's cues and interests. As a result, children were engaged and busy throughout their day.

Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. For example, older children were seen to confidently follow a playdough recipe with little adult input. They were able to freely access books that they clearly knew well and staff were seen to read and make up stories with children, extending their imagination and vocabulary. Real life resources such as rotary phones and traditional cast iron scales offered children opportunities to investigate and be curious. Mark making opportunities were freely available for children. As a result, children were provided quality experiences supporting language, literacy and numeracy.

Observations of children's individual development and learning were recorded. Observations and next steps varied in quality. Staff had recently accessed support and training on carrying out observations and identifying next steps. This knowledge and understanding should be developed to ensure they support children's learning and progression. The service was transitioning from paper format to an online platform for recording to observations. It was not always clear where observations were being recorded, making it difficult to track children's learning and progress and share with parents. The service had identified the need to continue to develop the consistency of observations to support the identification of children's progress and next steps.

Planning approaches were child centred and mainly response to children's interests. For example, in the older room a child's interest in the circus was extended by making twirling ribbons. In the younger room sensory play was extended in response to children's interest. This demonstrated that individual choices and wishes were accepted and valued. However, intentional planning and evaluations of planned approaches should be reviewed to ensure successes, achievements and next steps are fully considered. Improvements in the planning and observation processes should enhance opportunities for children to develop and learn at a pace that is right for them. **(See area for improvement 1.)**

Children's opportunities were enhanced through the strong community connections. For example, fortnightly trips to the local care home, local parks, beaches and charity shops supported children to be included and created a sense of belonging.

Areas for improvement

1. Outcomes for children should be improved through supporting staff to consistently implement a child centred approach to observation, planning and assessment of children's learning through play. Families should be fully informed about their children's progress and achievement, and what they can do to support it. This would contribute to positive outcomes for all.

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?

3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from play spaces that were well-ventilated and offered natural light. Furnishings were homely, age appropriate and at children's height, allowing them to access them safely and independently. There were some comfortable and cosy spaces to support children to rest and relax.

Children had access to a range of interesting resources indoors and were able to make independent choices during free play. Most resources were easily accessible and developmentally appropriate. An extensive range of open-ended and real-life resources promoted children's curiosity and creativity. Children had daily access to an outdoor space and walks within the community.

The garden space was small and staff should consider the opportunities offered outside for children. Some of the equipment, such as an easel, was broken and should be repaired or removed. We found some resources were not suitable for the space, for example, balance bikes. We found the fence and gate at the top of the stairs were missing parts and required repairs to ensure they were robust and supported children to be safe. The management team shared plans for improving children's outdoor experiences.

Risk assessments identified the risks and mitigations to reduce potential harm to children and staff. However, these were not always effective, and we found several maintenance concerns, for example, some unsafe, broken resources and equipment. Some infection control procedures supported a safe environment for children and staff. During food preparation and serving, staff followed best practice guidance and carried out effective cleaning of tables before and after snack. We observed children being supported to understand the need for good hygiene and hand washing at necessary times. However, there were concerns the general cleanliness of the playrooms, for example, storage of mops in bathrooms and flooring in the upper room was worn, making it difficult to clean. We raised these with the management team on inspection and they were open and responsive to our suggestions. **(See area for improvement 1.)**

Nappy changing facilities did not support effective infection prevention and control measures. Nappy changing was completed on a pulldown changing mat over a toilet. Work was needed to ensure that there were suitable nappy changing facilities. These should meet current best practice guidance, including 'Nappy changing facilities for early learning and childcare services: Information to support improvement'. A responsive management team had started to consider possible solutions. This will ensure good infection control practices, further supporting the health and wellbeing of children. **(See area for improvement 2.)**

Children's personal information was stored securely to ensure families privacy. Information was accessible to relevant staff whilst remaining confidential.

Areas for improvement

1. To ensure the health, safety and wellbeing of children, the provider must ensure the service is safe, secure, and well-maintained.

To do this the provider must, at a minimum:

- a) develop and implement rigorous quality assurance systems that identify and action the maintenance needs of the service
- b) effectively address aspects of the indoor and outdoor areas that pose a risk to children's safety
- c) ensure all those working in the service take steps to ensure the environment is safe and well-maintained.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

2. The service should ensure that children have access to appropriate nappy changing facilities and receive personal care in an environment that supports high levels of infection, prevention and control.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The service's vision, values and aims were displayed throughout the service and on the nursery website. They had been recently reviewed with children and families, supporting them to feel valued and included.

Formal and informal consultations with families provided some opportunities for them to influence service delivery. Most parents either agreed or strongly agreed with the statement 'My child and I are involved in a meaningful way to help develop the service.' We could see that the service had sought the views of families to inform the ongoing development of the setting and decision making. Parents commented, "We are regularly asked for feedback on the service and can input at any time," and "Children are often involved in new staff 'interviews'. Parents receive feedback requests."

A quality assurance calendar was in place and included processes such as audits of paperwork and monitoring of staff practice. This supported the management team/manager to identify where improvements or further development was necessary. The findings from these processes should be shared

with staff to support individual staff practice and set goals. We suggested quality assurance processes should be extended to include maintenance and cleaning audits to ensure children access a safe, clean and inviting environment.

Improvement plans had considered relevant priorities to be developed within the setting and were informed through staff discussions and self-evaluation. Recent improvements had been the development of natural, open-ended resources supporting rich learning opportunities for children. Improvement plans were reviewed regularly, and actions recorded. Some improvements had been evaluated and we suggested this could be developed further to consistently reflect on the impact planned improvements have had on outcomes for children.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore, we evaluated this key question as very good.

Quality Indicator 4.3: Staff Deployment

Staff demonstrated kindness, love and interest to the children in their care. Children benefitted from a staff team who knew them well and supported their needs. This resulted in confident and happy children. A parent commented, "Brilliant nursery, our children have had/are having great experiences there. Thank you to the wonderful staff for their care over the years."

Staff ratios supported children to be safe and well supervised at all times. Staff worked well as a team to meet children's needs. There was a positive ethos and we observed good communication throughout the day, with staff appearing to be clear on their roles. Staff breaks had been considered to ensure they did not impact on continuity of children's care. As a result, children were well supported and supervised at all points of the day.

Positive communication with families supported the development of relationships between staff and parents. Regular "stay and play" sessions offered parents opportunities to spend time with their children in the nursery. The management team shared events that had taken place, helping parents to be informed about their child's day at nursery, for example, a meal tasting session for parents allowed them to sample the typical meals and puddings that children have. Staff took time to speak with parents, offering a handover at the end of session. However, some parents told us they would like more updates about their child's learning and development which we shared with the management team. This would further strengthen relationships between staff and parents, ensuring families consistently receive quality information about their child's day.

Children benefitted from a staff team with a range of skills and experience. All staff had completed core training such as child protection, first aid and infection prevention and control. Most had accessed a range of other training opportunities and talked confidently about their learning and how it impacted children's experiences. We suggested training could be revisited after a period of time to evaluate the impact of training on outcomes for children. Some staff had accessed training relevant to the needs of the children and service delivery. However, there was scope to develop this further, for example, MAKATON training to support children's communication. This would help ensure children access a service that is right for them.

The staff team reported that they felt well supported by each other and management. Regular check ins and wellbeing meetings offered staff opportunities to share challenges and achievements. Annual

appraisals supported individual staff members to celebrate their successes and identify challenges. Staff were supported to consider setting goals to further promote their professional development.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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