

Little Stars Alloa Day Care of Children

The Pleasures
Alloa West
Alloa
FK10 1TD

Telephone: 01259 720 142

Type of inspection:
Unannounced

Completed on:
7 August 2024

Service provided by:
Little Stars (Stirling) Limited

Service provider number:
SP2011011652

Service no:
CS2011299472

About the service

Little Stars Alloa is situated within a business park near Alloa town centre. Children were cared for in designated playrooms and had access to large outdoor areas.

The service is in partnership with Clackmannanshire Council and is registered to provide care to a maximum of 98 children not yet attending primary school at any one time. Of those 98, care may be provided to:

No more than 24 are aged under two years

No more than 20 are aged two years to under three years and

No more than 54 are aged three years to those not yet attending primary school full time.

The outdoor space has been taken into account when agreeing the maximum number of children aged three to under school age. Children must have access to the outdoor space at all times.

About the inspection

This was an unannounced inspection which took place on 7 August 2024 between 08:45 and 17:15 and 8 August 2024 between 09:15 and 16:00. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was given on 8 August 2024.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and information gathered since the last inspection.

In making our evaluations of the service we:

- spent time with the children using the service
- spoke with or received emails from 16 parents
- spoke with staff and the manager
- observed practice and daily life
- reviewed documents.

Key messages

- Children and families benefitted from positive relationships with staff.
- Medication procedures and policies should be updated to ensure children's medical needs are met.
- Planning was responsive to children and documented in floor book, allowing them to revisit their experiences.
- To keep children safe and healthy the procedures for infection prevention and control needed to be improved.
- Maintenance issues must be addressed in a timely manner to ensure children are safe.
- Quality assurance processes must be developed to ensure they are effective in highlighting areas for improvement.
- Staff deployment must be further developed to ensure the effective supervision 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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak

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 quality indicator as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 1.1 - Nurturing care and support

Children benefitted from positive relationships with staff. Children received nurturing, caring interactions which showed they were listened to and cared for. Parents commented positively on the nurturing care of staff. One parent said, "The staff all appear to be very friendly and genuinely care about the children". Another parent said, "The staff are lovely and attentive, and my child always has fun". This contributed to children feeling settled in their environment.

Children were supported by staff that knew them well as individuals. They spoke confidently about their likes, dislikes and interests. One parent said, "My child's key worker always includes us as parents with building a care plan and discusses any issues which may arise". This supported children to feel valued and respected.

Personal care plans were in place for all children. These did not always highlight specific strategies to ensure children's individual needs were met and not all care plans were updated regularly. This meant that children did not always benefit from individualised support. We noted that a previous area for improvement to ensure all children had effective personal plans in place had not been met. To ensure that all children receive the right support, the provider should ensure that personal plans are updated regularly, relevant and individual to each child (**see area for improvement 1**).

Children's emotional well-being was supported by appropriate procedures to ensure safe sleeping. One staff member had recently completed training in safer sleeping practice and had used this knowledge to improve children's sleep experience. One parent told us they would now like the service to "consider new spaces for children to sleep, for example, maybe not right at the door as you enter the playroom". We suggested the service consider where children sleep in the 0-2 room. This is to further support children's emotional well-being.

Children's mealtime experiences had improved significantly since the previous inspection. Their independence was supported at mealtimes as they helped prepare food and poured their own drinks. Lunch choices were nutritious with fresh fruit and vegetables, supporting children's healthy eating. On the first day of inspection, staff did not always sit with children at mealtimes and instead were focused on other tasks. This meant lunch was not always a relaxed, social experience for children. We shared this information with the manager and on the second day of inspection, staff sat with children, making this a much more social experience. We encouraged the manager to continue to develop this practice to ensure mealtimes are consistently a social and relaxed time for children.

Medication procedures were not always followed. Some medication was not labelled appropriately, reviewed regularly or in the appropriate container. One medication held for a child had expired. As a result, children's individual medical needs were not met. To ensure all children's individual medical needs are met, the provider should ensure that medication is in date, labelled appropriately and reviewed regularly. This will further promote children's health (**see area for improvement 2**).

Quality Indicator 1.3 - Play and learning

Most experiences were well considered for children's different ages and stages. Some children were engaged in their play and having fun. Most staff enjoyed their time with children as they explored and learned together. This supported children to be happy in their play.

Children were able to choose where they wanted to play and this was supporting them to lead their own play. There was a balance of spontaneous and planned quality experiences that promoted children's choice and independence. Some fun experiences were available to children which supported them to explore all of their senses, such as messy play with paint or playing in the mud outside. This supported children to be engaged in their learning.

Some children's progress was not always well supported as next steps were not clear or reviewed regularly. Some parents told us they were not involved in their child's next steps or that these had not been reviewed in a significant time. Some staff were not always clear about children's individual next steps. This meant that children were not always supported to reach their full potential. The service had identified this as an area to develop. They had begun to deliver training to ensure that staff were confident to identify and discuss children's next steps. The service should continue to develop their approach to ensure all children have identified next steps which are meaningful and reviewed regularly. This area for improvement was made at the previous inspection and has been carried forward in this report (**see area for improvement 1**).

Children's learning was recorded in online journals and floor books. Floor books represented children's voice, thoughts and their interests. This supported children to revisit previous experiences with their friends and share their learning with families.

Planning approaches had been recently reviewed and changed to ensure that there was a balance between spontaneous and planned learning. For example, in one room children had shown an interest in planting and growing. They had fun as they tried new vegetables. This approach was at the early stages of development and we encouraged the service to continue to develop this as planned.

Areas for improvement

1. To support children's wellbeing, development and progress, personal planning approaches should be further developed. This should include but not be limited to:

- a. ensuring meaningful support strategies are in place and used by staff to sensitively and effectively support children.
- b. ensuring children's next steps are clear and support them to continue to progress in their learning and development.
- c. ensuring parents are meaningfully involved in reviewing children's personal plans at a minimum of every six months.

This is to ensure 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).

2. To ensure children's individual health and well-being needs are met, the provider should ensure that medication procedures are in line with best practice guidance. This should include but not be limited to:

- a) ensuring that medication is labelled appropriately and in the original container.
- b) ensuring that medication permissions are reviewed every 3 months or termly.
- c) ensure all medication held is in date and has not expired.

This is to ensure 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).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 2.2 - Children experience high quality facilities

Children benefitted from a setting that was bright, well-ventilated and had direct access to the outdoors in all rooms. Children were keen to explore all areas of the setting. There were a range of resources in some spaces, however this was not consistent in all of the rooms. Some spaces were not well resourced or set up to support children's learning. For example, the sand pit outside had very little sand in it and minimal resources for children to use. The service should continue to develop the learning environment to ensure that the spaces reflect children's interest and support them to lead their own learning.

Children's health and wellbeing was compromised because the management of maintenance was ineffective. Although a maintenance log was in place, some concerns had not been identified by the staff and management team. Concerns that had been identified were not appropriately addressed to ensure children's safety. This showed that the measures for assessing maintenance requirements were not robust or effective. We highlighted a number of specific areas that required immediate attention. These areas included, but were not limited to, chemicals that were not securely stored, fences in the garden that required work and other significant risks to children's safety. During the inspection, inspectors observed children in some of these areas unsupervised on more than one occasion. The service took some immediate actions to address these concerns. To ensure children's safety and wellbeing, the provider must ensure maintenance systems and daily risk assessments are rigorous in identifying risks. Action must then be taken to reduce risks and keep children safe from harm (**see requirement 1**).

There was an increase in the risk of infection to children as infection prevention control procedures were ineffective. Areas of the nursery, including toilets and nappy change areas were not cleaned effectively and did not follow best practice guidance. For example, sinks in the laundry area were dirty, with grime, paint and dirt that had been left for an extended period. Nappy change mats had tears in the side and were not able to be effectively cleaned. Some parts of the nursery and resources were visibly dirty. One parent shared that they had concerns over the cleanliness of one of the rooms. We shared this with the manager who agreed to take appropriate action. To ensure the risk of infection is minimised, the provider must implement effective infection and prevention control procedures (**see requirement 2**).

Children's safety was at times compromised as risk assessments were not effectively implemented. Daily risk assessments and checks for the environment, failed to highlight hazards to children and staff. To ensure children are safe, the service should ensure that risk assessments are carried out and implemented appropriately.

Requirements

1. By 30 September 2024, 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 in a timely manner;
- 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.
- d) ensure chemicals are stored appropriately and out of reach of children.
- e) the nursery garden is secure.

This is to comply with Regulation 10 (2) (b), (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 5.22).

2. By 30 September 2024, the provider must ensure children experience a consistently clean and safe environment through the implementation of robust infection, prevention and control practices. To do this the provider must, at a minimum:

- a) ensure effective cleaning practices are conducted in all areas of the service;
- b) ensure toilets and nappy change areas are clean and in a good state of repair;
- c) implement rigorous quality assurance systems for the management of infection, prevention and control and cleaning practices;
- d) ensure equipment, furniture and decoration are kept in a good state of repair.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 5.22).

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 3.1 - Quality assurance and improvement are led well

The service had experienced recent changes in management. The new management team were working hard to maintain positive relationships with staff, children and parents. One parent shared, "I feel most staff go above and beyond and the manager is very professional, has excellent communication skills, and nothing is ever too much for them". The new manager had recently reviewed the vision, values and aims of the service with the staff team. This put children at the heart of the service. We encouraged the service to ensure that families and children are involved with the development of the service's vision and values. This would ensure that children benefit from a shared vision which reflects the views of all children, families and staff.

We found significant gaps in quality assurance systems which had resulted in reduced quality of the facilities, medication, and staff deployment. Not all staff were registered with the appropriate professional body. Quality assurance systems were at the early stages of development and some of the areas we highlighted for improvement had been identified by the service. For example, improvements required in staff deployment. However, actions were now required to ensure consistent, safe quality care for children. To promote and sustain safe and positive outcomes for children, families, and staff, the provider must ensure the staff and management team implement effective quality assurance processes and practices (**see requirement 1**).

Effective self-evaluation was in the early stages of development. An improvement plan was in place which highlighted improvements made since previous inspection, for example a focus on nurturing approaches. The impact of these improvements was evident in staff and children's interactions and recording children's learning. We encouraged the service to build on this approach to ensure children experience a service that continues to improve.

The service had begun to gather feedback from parents and children about the quality of the service. Some parents told us that they were unsure that action had been taken from their feedback to the service. We shared this with the manager and encouraged them to further consider this to ensure that children experience a service that improves based on the views of all.

Requirements

1. By 10 November 2024, to ensure children experience consistently positive care, play and learning opportunities, the provider must develop quality assurance systems that promote improved outcomes. To do this, the provider must, at a minimum:
 - a) introduce and continue to develop quality assurance processes that effectively promote children's health, safety and wellbeing;
 - b) develop effective audit systems of accidents and incidents to highlight any trends and ensure children are safe.
 - c) develop systems to ensure all staff are appropriately registered with the relevant professional body.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure 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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 4.3 - Staff deployment

There was a positive ethos in the service, with staff working and communicating respectfully with each other as a team. One parent told us, "We have a strong relationship with a lot of the staff and management". Staff were keen to work together to make improvements and develop practices to support children and families. Regular staff meetings were in place and beginning to support effective communication. This meant that children benefitted from a committed team.

Staff were not effectively deployed to meet children's individual needs and ensure they were safe throughout the day. During the inspection, children were able to access parts of the garden that were not secure or safe. Children left the playrooms unsupervised. This meant that they had access to areas of the service that were not safe for children, such as the kitchen. Staff were not always aware of where all children were. We highlighted this to the manager who took action immediately. One parent told us, "I have had to bring children back to the room and staff were unaware. I am worried as this is close to the door where parents enter and leave the building". This meant there was a risk of harm to children as they were not always being supervised. Parents commented they were concerned that the service did not have enough staff in the right places at the right times. Parents comments included:

- "Sometimes at drop off and pick up there isn't enough staff to talk to and get updates."
- "There are days when the staff seem very busy or have lots of children who need comfort perhaps due to illness or new starts and those days it seems a bit more like staff would struggle to provide attention to every child."
- "I'm unsure of exact ratios but during morning drop off it seems to be challenging for staff to attend to all children's needs."
- "There are times I have been to pick up and there are children crying or in need of an adult and the staff are occupied doing something else".

To ensure that children are safe and experience good care at all times, the provider must ensure that staff are deployed effectively to meet children's individual needs and ensure appropriate supervision (**see requirement 1**).

Some staff spoke confidently and passionately about their recent training which linked closely to experiences for children. However, training had not consistently been implemented into practice. For example, not all staff had a robust induction which supported them to fully understand their roles and responsibilities. To ensure all staff have the appropriate training to fulfil their role, the provider should ensure a robust training plan and induction is implemented which links to the priorities of the service. This will ensure children benefit from continuous improvements in the service (**see area for improvement 1**).

Requirements

1. By 30 September 2024, the provider must ensure that the deployment of staff is effective in providing effective supervision of children. All staff must work together flexibly to provide adequate supervision and quality engagement with children across the day.

This is in order to comply with section 7(1)(a) 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 state that: 'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To ensure that all staff have the appropriate training to fulfil their role, the provider should ensure a robust training plan and induction are in place which links to the priorities of the service.

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 they are trained, competent and skilled, are able to reflect on their 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 promote children's continued learning, development and enjoyment in the service, information gathered and recorded in children's personal plans should be effectively used to provide activities and experiences which supports their individual development and achievements. Care and support plans should be reviewed and developed to include identified strategies and how staff will support their continued learning and enjoyment in the nursery. Parents should be enabled to continually contribute to their child's individual plans and relevant information should be regularly shared with them.

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 19 April 2023.

Action taken since then

Personal care plans were now in place for all children. Some parents told us that they felt involved in their child's care plan. The setting had worked with other professionals to ensure specific plans were in place. These did not always highlight specific strategies to ensure children's individual needs were met and not all care plans were updated regularly. We recognised the improvements that had been made since the previous inspection. The service should continue to further develop and implement children's personal plans to ensure they are working documents that have a positive impact on children's development. We have carried this area for improvement forward and will review at the next inspection. Therefore this area for improvement has not been met and will remain in place (**see area for improvement 1**).

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	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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