

Blairmore Early Learning Centre Day Care of Children

Blairmore Road
Greenock
PA15 3JS

Telephone: 01475 715 995

Type of inspection:
Unannounced

Completed on:
18 September 2024

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003016340

About the service

Blairmore Early Learning Centre is a day care of children service situated in the residential area of Greenock. The service is provided by Inverclyde Council.

The service is registered to provide a care service for a maximum of 87 children at any one time as follows:

- No more than 15 are aged 2 to under 3
- No more than 72 are aged 3 to those not yet attending primary school.

At the time of our inspection, 56 children were registered with the service.

The service is close to transport routes and other local amenities. Children have access to an entrance area, designated playrooms, fully enclosed outside areas, children's toilets, and nappy changing facilities.

About the inspection

This was an unannounced inspection which took place on 17 September 2024 between 09:00 and 17:30, and 18 September 2024 between 08:45 and 17:30. Three inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children using the service
- received nine completed questionnaires
- spoke with four parents and carers
- spoke with staff and the leadership team
- observed practice and daily life
- reviewed documents.

Key messages

- Most staff provided comfort and reassurance to children and communicated with them down at their level in a gentle and sensitive manner.
- Overall, the nursery was welcoming for children and families.
- Lunchtimes were a sociable and unhurried experience, creating a positive mealtime environment where staff sat with children to keep them safe and engage in conversations.
- Systems for safe administration of medication should be improved.
- Children had access to outdoors and fresh air, as each playroom had direct access to a secure outdoor play area.
- Children's choices and interests should be extended to ensure high-quality play, learning, and development opportunities.
- Planning approaches for play and learning should be further developed to ensure a balanced mix of planned and spontaneous activities, an opportunity for growth and improvement.
- The service's open-door policy ensured strong partnerships with families.
- The leadership team engaged well during the inspection process, taking on advice and support and demonstrating a commitment to improvement.
- Quality assurance procedures were beginning to help secure improvement.
- Staffing arrangements helped foster a safe environment, allowing children to build positive relationships with familiar staff.

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?	3 - Adequate
How good is our leadership?	4 - Good
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 different parts of this key question as good and adequate, with an overall grade of adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children were settled and knew routines well. They approached staff confidently to seek support. Most staff provided comfort and reassurance to children and communicated with them down at their level in a gentle and sensitive manner. However, some staff should be mindful of using warmer tones and referring to children by name when interacting to support respectful relationships.

Overall, families who responded to our MS Forms survey agreed they were happy with the care and support their child receives in this service. Some positive aspects of their child's experiences in the service include: "Socialising and learning". "That my child is learning and playing overall enjoys being there".

The weekly lunch menu and allergen information were effectively displayed, allowing children to self-register and choose their meals with their families at the start of the session. Staff could consider including snack menus to ensure families are fully informed about the foods provided for their children throughout the day.

During snack time, children aged three to five demonstrated independence when pouring milk over their cereal. However, we identified an area for improvement in the presentation of snacks, which the service is committed to enhancing to improve children's dining experience further. This includes providing bowls and dispensers for the cereals.

Lunchtimes were a sociable and unhurried experience, creating a positive mealtime environment. Children chose where to sit, and staff sat with them to keep them safe and engage in conversations. There were opportunities for children aged three to five to be responsible and independent, such as helping to set the table, pour their drinks and clear their plates. Meals were nutritious and followed healthy eating guidance and dietary requirements. Children choose to bring a packed lunch from home or have a hot meal provided by the service. The service should now consider further ways to promote independence and life skills for all children where appropriate. This could include children self-serving their food.

Effective partnerships had been formed with external agencies, demonstrating a comprehensive support system for children's developmental needs. Children requiring additional support had individualised strategies in place, which were reflected in practice. This resulted in them settling well into their routines and being fully included in nursery experiences.

Medication storage aligned with current best practice guidance. However, paperwork to support safe administration should be reviewed, including having a robust audit system to ensure information recorded, such as dosage amounts, signs and symptoms, and parents' signatures, were completed accurately to ensure safe administration.

Children's safety was promoted through staff's understanding of their role in identifying, recording, and reporting safeguarding concerns. Staff attended regular child protection refresher training, and a policy was in place to further support staff in the processes they should follow if they identify a concern.

Quality indicator 1.3: Play and learning

Most children were actively engaged in play, demonstrating their interest and enjoyment. The resources provided were age-appropriate, well-organised, and presented, contributing to children's play experiences.

Indoors children aged three to five had opportunities to explore literacy, numeracy, and digital learning through adult-directed play, where adults guide and facilitate children's activities. Staff sang songs and read stories, and children drew pictures on the smartboard and learned about positional language when using the Bee-bot robots, which helped them problem-solve. Children learned about 3D shapes when building the blocks with picture cards as a reference and drawing a picture of them using a mirror. However, writing tools should be in good repair to further support children in purposefully exploring mark-making materials. Also, familiar words could be available in the environment to increase children's vocabulary and language development and link between written and spoken words.

Some staff were beginning to use skilled interactions to support children's learning and development. We observed staff using various communication techniques to help children at different developmental stages. These included using open questions to extend play and learning and visual prompts to support younger children. This enabled children to feel valued and included within the nursery setting. However, on occasions, there were missed opportunities to extend children's thinking and widen their skills through play. This was more noticeable when children played outdoors.

Children's enjoyment of outdoor play was evident, as they used their imaginations to the fullest. For example, they pretended to drive a bus with their friends using the crates. However, there was a clear potential for staff to extend these experiences further, opening up more possibilities for enhancing outdoor play. Children's interest in climbing the tree highlights the potential for more opportunities to take part in risky play activities under adult supervision, which could significantly expand their skills and learning. (See area for improvement 1).

There were some opportunities for children to have fun and explore their senses. For example, the younger children had porridge oats in a tuff tray. There was water play and playdough for all children. Older children had a mud kitchen, which could have been better supported by using the outside tap to transfer water and having recipes to support children's literacy and natural curiosity.

Children's experiences were captured in a record of learning files and shared with their families. Observations included the child's voice and skills learned. Staff should now include strategies to show how children will achieve the set targets.

There was a clear need to develop approaches to planning for children's play and learning that provide a balanced mix of planned and spontaneous activities, an opportunity for growth and improvement. On occasions, children's play experiences were interrupted to undertake adult-directed activities. This imbalance reduced children's opportunities to lead their play and learning, resulting in missed opportunities to support creativity. Striking a better balance will ensure children have freedom to explore and structure to learn effectively.

Areas for improvement

1. The provider should ensure staff support children's choices and are responsive to their individual interests and needs to enable them to receive high-quality play, learning, and development opportunities.

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

'As a child, I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22) and 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

The service was welcoming for children and families, and secure playroom entry was available. The playrooms had plenty of natural light and were well-ventilated. The layout of environments should have enabled children to have free-flow access between the indoor playrooms and enclosed gardens. The leadership team agreed to relook at how external doors were being operated by staff to allow children to choose where they played and lead their play and learning.

Overall, families who responded to our MS Forms survey told us their children could always play outdoors. Some of their comments included:

"He loves outside with all the other kids and toys they have".

"My child loves outdoors, climbing and playing in the mud kitchen".

Staff had set up the playrooms to allow children to access different experiences. These were mainly adult-led, with some opportunities for children to explore on their own or with their peers. However, it was noted that more opportunities were needed for children to explore their interests and for staff to extend play through materials provided and their interactions with children. (See area for improvement 1).

Overall, improvements were needed in infection prevention and control procedures to minimise potential risk of the spread of infection. Children were encouraged to wash their hands before eating. This should also be encouraged after playing outdoors, and staff should wash their hands before assisting children at mealtimes.

There were worn, porous surfaces in the kitchen that could lead to the transmission of infection. The repairs were included in the setting's maintenance plan, and an explanation was given for the repair delay. The leadership team has provided evidence and timescales of these improvements to ensure children remain safe and any possible risk of infection is minimised.

Areas for improvement

1. The leadership team should develop room monitoring arrangements to ensure children have free-flow access outdoors and choice to enjoy more exciting and challenging indoor and outdoor play experiences that support natural curiosity and creativity.

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

'As a child, I can direct my own play and activities in the way I choose, and freely access a wide range of experiences and resources for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our leadership?

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 3.1: Quality assurance and improvement are led well

The service's open-door policy ensured strong partnerships with families. Children and families were welcomed into the service at drop-off and collection times, providing regular opportunities to engage with staff and leadership team. Staff we spoke to felt the leadership team was approachable and supportive, both professionally and personally, of their wellbeing. These approaches contributed to the development of strong relationships and effective communication.

The service's vision, values, and aims, developed collaboratively with staff, were added to the nursery handbook. Although children and families were not directly involved in the development, they were made aware of them. Families discussed how the manager shared these during an organised event and displayed them in the nursery.

The leadership team has a clear and inclusive vision of the service's future. The staff we spoke to felt valued and integral to this journey. This collaborative approach will better support the improvement journey and ensure outcomes for children and families continue to improve.

The leadership team had a quality assurance calendar with procedures beginning to help secure improvement. This included developing the service policies and creating meaningful indoor spaces, such as a parent and meeting room to support children and their families, a staff room to support professional learning and cooperative teams, and development of assessments for children using progression tools and a self-evaluation tool for provision of literacy resources and experiences indoors.

The service should continue to ensure robust monitoring systems are included, focusing on developing the nursery garden and monitoring children's personal plans, play and learning experiences, staff practice, medication, and accidents and incidents. This ongoing commitment to improvement will ensure the service continually evolves and children continually benefit from a service that is always striving to be better, fostering a sense of reassurance and confidence.

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 breaks minimised disruption to children's routines and ensured enough staff were available to support children at busier times. The leadership team helped during busier times and when there were planned and

unplanned absences. This approach provided a sense of continuity for children and fostered a safe environment, allowing them to build positive relationships with familiar staff.

Overall, families who responded to our MS Forms survey agreed they had a strong connection with staff caring for their child, commenting:

"I am extremely comfortable and happy with my sons teachers who have been with him since 2 years old".

"Most staff are friendly. Be nice if some staff acknowledged you being there".

"I know most of the carers and they are great with my child".

Professional development reviews for staff focused on what was going well and improvements needed to support children and professional development. Staff should continue to identify learning to improve their knowledge and skills and be aware of current best practice guidance to ensure children are supported and cared for by skilled practitioners. (See area for improvement 1).

While the current staff deployment and use of available spaces have been mainly effective, there is room for improvement. More strategic planning of these aspects could better support children's choices, interests, and stages of development. For instance, the outdoor classroom and designated indoor quiet area in the three to five playroom could be used more effectively as planned for individual support and focused groups. This would further support children's play and learning opportunities and progress over time.

At times, the pace of the day may not have been fully aligned with the children's individual needs, leading to restricted play opportunities. For instance, early tidying up at home time, staff being too task-oriented, and young children being expected to sit for extended periods in groups may not have fully met their developmental needs. A more relaxed pace, in tune with children's individual needs, could enhance their overall experience.

Areas for improvement

1. The provider should ensure staff are skilled and competent and, after being trained on elements of their roles, can demonstrate and practice what they have learned to support meeting the needs of children and provide high-quality outcomes for them.

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

'As a child, 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) and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

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

In order to meet children's needs, the leadership team should further develop children's personal plans that identify appropriate strategies to meet children's needs, support progress and help children to achieve their full potential.

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 1.1).

This area for improvement was made on 25 May 2023.

Action taken since then

Children's personal plans, which included identified targets, were reviewed and updated in partnership with their parents and carers. Staff should now include how these targets would be met through appropriate strategies to meet children's needs, support progress, and help them achieve their full potential.

This area for improvement has been 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

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?	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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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