

Craigneuk Family Learning Centre Day Care of Children

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Type of inspection:
Unannounced

Completed on:
18 September 2024

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2003015335

About the service

Craigneuk Family Learning Centre is registered to provide care for 69 children not yet attending primary school. Of those, no more than 15 are aged two years to under three years.

Care is provided from a detached, single storey building located in Wishaw, North Lanarkshire. The service is located within a residential area of Wishaw, near shops, transport links and other amenities.

Children are accommodated within three separate playrooms and have access to a large enclosed, natural and secure garden.

About the inspection

This was an unannounced inspection which took place on 16 and 17 September 2024 between 09:00 and 17:00. Feedback was provided to the senior management team and a local authority representative on 18 September 2024. The inspection was carried out by three 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 eight of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Children experienced warm and caring interactions which helped them to feel nurtured and valued.
- Snack and mealtimes were calm and provided opportunities for children to develop their independence.
- Children's health and wellbeing was enhanced through daily access to outdoor play.
- The service should continue to develop the indoor environment to promote children's independence, choice and natural curiosity.
- Some areas of the nursery environment would benefit from more robust cleaning and maintenance.
- Quality assurance and self evaluation procedures were at the early stages and should be further developed.
- Staff were flexible and supportive of each other. They worked well as a team to support and care for children as individuals.

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?	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?

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 1.1: Nurturing care and support

Children experienced warm, nurturing and kind approaches from staff who had a good understanding of each child's needs and preferences. They engaged well with children, offering cuddles and reassurance to support their well being. Parents spoke positively about relationships with staff telling us, "the bond [my child] has with [staff] is amazing and all staff listen to my [child's] needs and [their] mood" and "[my child] is made to feel welcomed and cared for, so much nurture."

Each child had a key worker who was responsible for their care and wellbeing. This caring relationship helped children to settle and feel safe in the setting. The service had recently reviewed their transitions to support the emotional wellbeing of children within the setting. This included recognising the importance of transitional objects, ensuring personal belongings were recognised and valued. This helped children to settle and feel safe in the setting.

Since the previous inspection, personal plans had been reviewed and developed to ensure they recorded meaningful information to support the individual needs of children. Staff knew children well and could talk about the different individual needs of children and were aware of how to support children. They shared how they gathered information about children's needs and how they planned for them as individuals. At the time of inspection the service were using their new format to work in partnership with parents to identify approaches to support the needs of children, this included clear strategies to support individual development. The service should continue to monitor and review personal plans to ensure they meet the needs of children. Parents told us "the staff are always informing me of my child's learning and development" and "they always keep me up to date with my child's progress and my child seems to be thriving here."

Appropriate arrangements were in place to support children who slept while at nursery. Staff were responsive to children's individual cues for rest and sleep. Staff recognised when children were tired and provided individual comforters from home to ensure they felt secure. Regular sleep checks were undertaken to ensure children's safety. Staff closely supervised children and ensured sleep preferences were recognised and valued, which contributed to providing a safe, comfortable sleep time for children.

Children's personal care needs were carried out discreetly and sensitively, supporting their privacy and dignity. Staff used these opportunities to further build positive trusting relationships with children.

Recent changes had been made to mealtimes with an emphasis on a relaxed, unhurried and sociable mealtime experience, whilst also providing more opportunities for children to be independent and develop their skills. This included the introduction of a dedicated room for meals, opportunities for children to self-serve food and pour their own drinks. Staff sat with children, promoting healthy food habits as they enjoyed eating together. Staff used this opportunity to extend language and communication through meaningful discussions. The service should continue to develop and review their lunchtime experiences as planned.

Effective systems were in place that supported safe storage and administration of medication, helping to meet children health needs. Children with complex medical needs had detailed care plans in place, this included detailed individual risk assessments. All staff were knowledgeable about children's health needs. The service had robust measures in place to ensure medication was always accessible and supported the individual needs of children.

The service promoted partnership working with other agencies to support children and families. They made very good use of connections with professionals and signposted families to services when required. One family commented "staff work with us as a family and advocate for my child." A visiting professional told us, "nursery staff maintain appropriate records and exchange information to ensure child receives care appropriate to their needs" and "they work in partnership with us to ensure they are meeting the needs of individual children." This promoted positive outcomes for children.

Quality indicator: 1.3 Play and learning

Children were playing throughout the service with friends and staff. Most children were engaged in their play and having fun. Children told us they liked "playing lots and lots, I love everything", "the garden is fun" and "I like playing with my friends in the house corner."

Children were leading their own play and learning through a balance of planned and spontaneous experiences. They mostly had choice and independence of where they wanted to play and how they would lead their play both indoors and outdoors. We discussed how the service could develop their approaches to further support children in making choices and having autonomy about where they would like to play. For example, using visuals to access the nurture room.

We observed opportunities where play experiences developed children's skills in language, literacy, and numeracy. For example, using mathematical language in the construction area when exploring units of measurement. Staff used language such as taller, shorter, smallest and biggest. Younger children enjoyed sharing books with staff throughout the day. They frequently sang together as they played. The service should consider adding further resources both indoors and outdoors to enhance children's literacy and numeracy skills. For example, adding resources within house corner to encourage mark making and measuring.

Staff were beginning to adopt a questioning approach to encourage and support children's play and learning experiences. Staff should continue to develop their skills and confidence in extending children's learning through meaningful conversations. To further support staff's understanding of how children learn and develop, the management team should continue to upskill staff through training and development opportunities.

Staff were in the early stages of using new approaches to planning. This had been reviewed to help ensure children's voices were valued and responsive play was at the core of the service's approach. Leaders should continue to evaluate this approach and involve staff in further learning opportunities to help ensure it supports high quality play.

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

At the time of inspection the service had extensive plans to improve the indoor environment. The service had recently adapted some spaces to include a mealtime room and a nurture room. We discussed how future changes to the environment should continue to meet children's needs. For example, children being able to freely move within spaces. The provider agreed to monitor and review this.

Children were cared for in an environment which was bright and well ventilated. Careful consideration had been given to the layout of rooms to offer spaces for children to make choices, support their interest and develop their ideas. The freely chosen play opportunities mostly allowed children to lead and direct their own learning. However, children could not freely move between indoors and outdoors. To support this, the service had adapted their approaches to ensure children could communicate their wishes. We discussed how this could be further developed to ensure all children could direct their own play.

Both indoor and outdoor spaces had a range of experiences, toys and materials available for children to stimulate their curiosity. For example, blocks, loose parts, play dough, sensory items and a creative station. However, further consideration to the invitations to learning within spaces was needed. This would include, adding further toys, sensory items and open-ended resources within all areas to support play opportunities. Staff should continue to review the learning environment to ensure children are appropriately challenged and progress at an appropriate level, whilst also supporting and stimulating children's natural curiosity, creativity and imagination. For example, developing house corners within all playrooms and ensuring sufficient resources within creative area.

There were some areas for children to access soft furnishings and cosy spaces which supported their wellbeing. We discussed with the service how this could be further developed, providing spaces for children to relax and self regulate according to their needs.

Health and wellbeing was promoted through outdoor play experiences. The garden provided a range of spaces for the development of physical skills and exploration. Opportunities for risky play were provided with children assessing their own risks. For example, playing on tyre swing and climbing on hexagon climbing frame. Children made good use of this and were confident when using all areas of the outdoor space. We discussed adding further toys and materials outdoors to support children to explore and discover.

Children benefitted from a safe and secure setting with a range of safety measures in place to ensure children didn't come to harm. This included secure entry systems, clear boundary fencing, secure gates as well as regular headcounts and communication between staff.

Accident and incident forms were recorded in an effective way and systems were in place to carry out audits of these to identify patterns or risks to children's safety. However, further detail within evaluation would support the service to identify and highlight any action taken as a result of audits.

There was a system in place to monitor the maintenance and repair of equipment. However, during the inspection we identified some areas where further repairs would be beneficial. For example, broken radiator covers and general maintenance of the building. We discussed the importance of children experiencing a clean, safe and well-maintained environment. (See Area for Improvement 1)

Infection control practices minimised the potential spread of infection, supporting a safe environment for children. Effective handwashing took place regularly. Most nappy changing areas were clean with Personal Protective Equipment (PPE), nappies and other materials being stored appropriately. We identified some areas that would benefit from further action. For example, removing items that should not be stored in toilet areas. The manager agreed and had taken actions to address this before the inspection was completed.

Areas for improvement

1. The provider should ensure that children receive care in a clean, well looked after and well-maintained premises. This should include, but is not limited to, repairs to radiator covers and improving the quality of fixtures and fittings.

This is to ensure that care and support is consistent with the Health and Social Care Standard's (HSCS) That states: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.24)

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

There had been recent changes in management within the service. Management and staff engaged very well with us and were confident, open and professional in their discussions, receptive to feedback and willing to make improvements to ensure good outcomes for children. They were committed to their role and were keen to share their journey and plans going forward. One parent told us they were "seeing an improvement in the quality of care last few months."

Since the last inspection the service had been supported through regular visits and support from the local authority to assist staff in developing positive outcomes for children. For example, improvements to transitions, lunchtime experience and raising awareness of how staff interactions can help support communication and language. These changes had been documented through a well informed floor book, most staff were knowledgeable about the improvement journey.

There was an improvement plan in place which identified key priorities for the service. Some of the key focus areas within the improvement plan were in line with our inspection findings. For example, developing play-based planning, upskilling staff to support the individual needs of children and improvements in communication and language. The management team had started staff consultations to increase their involvement with the planned improvements. Staff were keen to share their ideas and contribute towards improving the service. There were plans to introduce staff working groups linked to the improvement priorities, to encourage professional discussion and reflection. The service should move forward with this, to benefit from the experience and knowledge of the whole staff team.

This would enhance children's experiences and opportunities and demonstrate the service's commitment to developing a shared responsibility towards continuous improvement.

Opportunities to include families in the service and welcome their feedback was provided through questionnaires and informal chats and emails. Information was shared with families through a range of communication methods, such as newsletters and notice boards, which helped families feel included. The service should continue to develop partnership working with parents in all aspects of nursery life. For example, developing 'a you said we did' format to share with parents how their views have influenced the service.

Families told us they had developed positive relationships with staff and that they felt informed about their children's experiences when in the service. Parents were warmly welcomed into the playrooms at drop off and collection times. One parent commented "I have a great relationship with staff, they are very helpful and caring and welcoming. I have been made to feel very welcome and supported."

To ensure continued improved outcomes for children and families, the service should continue to make use of the best practice guidance such as 'A quality framework for day-care of children, childminding and school aged children', whilst also continuing to develop quality assurance processes, to ensure robust monitoring and evaluation of practice. This will help to ensure high quality learning experiences for children and families. For example, room monitoring of practice and environmental reviews.

Staff had participated in some learning, which supported them in their role. For example, child protection training, GIRFEC policy into practice and engaging in high quality observations. The service used pre and post reflections to support staffs' knowledge and skills. We discussed how this could be further developed to record the impact of training on outcomes for children.

During the inspection we discovered the service failed to notify the Care Inspectorate of some incidents. This meant we were unable to assess if appropriate action had been taken at the time. We discussed with the provider the importance of ensuring managers are aware of relevant notification that should be submitted. (See Area for Improvement 1)

The management team and staff were reflective and understood that they were on an improvement journey. The service was led by an experienced manager who wanted to get it right for children and families within the service. Staff spoke of working well together and how the management team supported them in their role. Staff told us the "staff are being supported by management" and "I feel the management team are approachable at any time."

Areas for improvement

1. The provider must ensure that they are aware of their responsibilities for submitting notifications to the Care Inspectorate. This includes all circumstances in which the Care Inspectorate must be notified and required timescales. Systems should be in place to ensure that the Care Inspectorate is notified of all circumstances, which can be found in 'Records services must keep and guidance on notification reporting' document. Submitting notifications and providing relevant information permits the Care Inspectorate to fulfil their regulatory functions.

This ensures care and support is consistent with the Health and Social Care Standards, 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).

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.

Quality indicator 4.3: Staff deployment

Staff were kind, caring and nurturing in their interactions with children. They were respectful and affectionate towards children helping to support positive connections.

The staffing model in place meant that staff mostly worked within the same room, ensuring children were familiar with staff and supported continuity of care. This was enhanced by a Keyworker system, which meant that staff were able to build relationships with parents and children. Parents told us "all staff are so friendly and my child adores them all. Both me and my child have formed amazing relationships with the staff" and "my child is very well taken care off and there is always plenty of staff."

The service was appropriately staffed during our inspection. The manager was aware of ensuring staff were effectively deployed and ensured the service was appropriately staffed at all times to support the individual needs of children. The management team provided support in playrooms when required. We discussed the importance of reviewing the needs of children throughout the year to ensure staffing levels continue to support this. The provider agreed with this.

Staff were deployed to ensure a mixture of skills, knowledge and expertise. This provided opportunities for role modelling and mentoring to less experience staff. However, we discussed how further consideration should be given to how new staff are mentored and supported. For example, providing further opportunities to come together as a team to support professional dialogue and development.

Newly appointed staff told us they had been warmly welcomed by the staff and management team. They commented that their induction was positive and helped them to understand their roles and responsibilities and also the expectations of the management team. We discussed how this could be further developed to provide opportunities for staff to reflect on their learning and develop their skills for ensuring positive outcomes for children. We signposted the manager to the 'National Induction Resource' to support this.

Staff communicated regularly throughout the session with each other, which helped ensure children were effectively supervised and information was shared to support children's needs. For example, good use of walkie talkies to ensure children needs were met when playing outdoors.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 October 2023, the provider must make proper provision for the health, welfare, and safety of children. In this instance, the provider must ensure that levels of staffing are sufficient to meet the needs of all children attending the service.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.' This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 September 2023.

Action taken on previous requirement

Since the previous inspection, the service had reviewed staffing levels, to ensure additional staff were in place to support the needs of children.

The service were not currently at full capacity, therefore staff were able to provide one-to-one support to children when required. The service should continue to monitor this throughout the year, as attendance patterns increase, to ensure staffing levels effectively support the individual needs of all children attending the service.

Met - within timescales

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

The manager and staff should ensure that sufficient information is gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs and how these will be met. They should ensure that children's personal plans are reviewed in line with legislation. This will support staff to plan children's care based on up-to-date and reliable information.

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 6 September 2023.

Action taken since then

The service has recently reviewed and updated their personal plans. Information was gathered to ensure staff were aware of children's likes, interests and needs. Staff were in the process of using this information to develop personal plans, to ensure the right support was provided for children when needed.

However, we shared examples from previous personal plans where some information was missing. For example, ensuring there were clear, specific actions recorded to meet individual children's next steps. The service had already identified this and this was reflected within their new personal plan format.

This area for improvement has been Met.

Previous area for improvement 2

To improve the quality of children's experiences and the environment, the management team and provider should implement robust quality assurance processes. Quality assurance should identify strengths and areas for development to support improvement 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 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 6 September 2023.

Action taken since then

The service had begun to develop their quality assurance processes. These included reflections with parents, detailed self-improvement plan and reflections with staff. This included supporting transitions, developing mealtimes and supporting communication within the setting. The service should continue to embed these approaches, ensuring they reflect all stakeholders' voices.

This area for improvement has been Met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
4.3 Staff deployment	4 - Good

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