

Nairn Gaelic Playgroup Day Care of Children

Community Centre
King Street
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Telephone: 07766 396 605

Type of inspection:
Unannounced

Completed on:
10 October 2024

Service provided by:
CALA Direct Management Services

Service provider number:
SP2010011106

Service no:
CS2010278781

About the service

Nairn Gaelic Playgroup operates from a dedicated nursery space within Nairn Community Centre. The service is registered to provide a day care of children service to a maximum of 16 children at any one time aged three to those not yet of primary school age.

Facilities include an indoor playroom space, toilet and kitchen facilities as well as direct access to an enclosed outdoor space. The service is provided by the Care and Learning Alliance and operates Monday to Friday during term time. The manager is also the manager of Kinmylies Out of School Club CS2010278931.

About the inspection

This was an unannounced inspection which took place on 9 and 10 October 2024. The inspection was carried out by one inspector 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 four of their families;
- spoke with two staff and management;
- reviewed online questionnaire feedback from four families;
- reviewed online questionnaire feedback from two staff;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children experienced warm, caring and nurturing approaches from staff which supported their wellbeing.
- Children were meaningfully and actively involved in leading their own play and learning through a balance of spontaneous and planned play experiences.
- There were opportunities for children to develop skills in Gaelic language, literacy and numeracy through their play experiences.
- Suitable nappy changing facilities were not available within the service.
- Further work is needed to fully embed quality assurance processes.
- Families reported positively on their experience of using the service.
- Effective staff deployment supported positive 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?	3 - Adequate
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

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, caring and nurturing approaches from staff which supported their wellbeing. Overall, we observed staff sensitively listening and responding to children at appropriate times, offering comfort and reassurance when needed. This supported children to feel secure, valued and loved. In addition, staff provided support for children to resolve conflicts, share resources and understand the feelings of others. As a result, children were gaining confidence and skills in regulating their individual emotional security and wellbeing.

Mealtimes were positive, relaxing and sociable times for children where they were provided with a range of opportunities to develop their independence. For example, children collected crockery and other items to set the tables, they served their own fruit, veg and meal accompaniments, they poured their own milk and water and cleared away their plates and dishes. As a result, children had opportunities to take responsibility and learn key life skills. At snack and lunchtimes, staff sat with children which provided opportunities to promote close attachments and develop their Gaelic language skills. From recent training, staff were aware of steps to take to minimise risks of choking which supported children's safety. This ensured children were nurtured and well supported throughout their mealtime experiences.

Overall, staff were aware of and understood the information within personal plans and were using this effectively to meet children's needs. Personal plans sampled had been reviewed with families to support consistency of care. All families who responded to our survey strongly agreed or agreed with the statement: 'Staff know my child well, including what they like and what is important for their care'. One parent commented: "The staff at this facility are second to none, everything is thought of. The staff are meticulous and well aware of each child's individual needs. The environment is warm and caring. I always feel reassured that my child is in the best care and that their needs are met to the highest standards.". We reminded the manager to ensure that all personal planning information was regularly reviewed to ensure suitable strategies were in place to meet children's needs.

Whilst no children attending the service required any medication, we reviewed the systems in place for this. We were satisfied that safe administration of medication procedures were in place, to help ensure children's health needs could be met. From the previous inspection, there was a requirement to ensure children's medical needs were safely managed. This has been met and more detail about this can be found in the: 'What the service has done to meet any requirements we made at or since the last inspection - requirement 1'.

Quality indicator 1.3: Play and learning

Children were meaningfully and actively involved in leading their own play and learning through a balance of spontaneous and planned play experiences. For example, the outdoor space was a popular area for children to play and we observed periods of sustained purposeful play where children were having fun following their interests, investigating forces with loose parts as they rolled objects along guttering. Other children were supported indoors to explore their interest in creating animal dens with blankets, cushions and other loose

parts. Children commented as they played: "That is where we store our animals." and "You can help us.". Staff were responsive to children's interests at this time and their interactions supported their play and encouraged their curiosity and creativity. As a result, children were engaged in play experiences which captured their interests and curiosities.

There were opportunities for children to develop skills in Gaelic language, literacy and numeracy through their play experiences. Staff shared books with children individually, or in small groups as children could choose to join in. They engaged children with fun interactions, naming items in pictures and modelling and repeating Gaelic words. Maths and numeracy concepts were modelled and reinforced to children through their play experiences and during the day to day routines. For example, we observed children being supported to count out amounts when baking krispie cakes and develop their understanding of measure whilst comparing heights and sizes of objects during construction activities. We spoke with the manager about ways literacy and numeracy could be embedded further within the learning environment, for example, by having wider access to mark making materials across play areas.

Planning systems were responsive to children's interests and curiosities. With a number of new children in the service, a current planning focus was encouraging children to develop positive relationships and their emotional resilience. Staff modelled and labelled emotional language for children while resolving conflicts and when encouraging children to share and think of others. As a result, children were supported to understand their emotions and develop positive relationships with their peers.

Most observations of children's individual development and learning were recorded and shared with families through profile folders. Observations highlighted some of the children's learning through the early level curriculum and included some next steps for development. With recent changes in staffing, the new staff team were developing their knowledge and skills around observing, planning and assessing children's learning. The service had identified the need to build staff confidence in this area to ensure children are sufficiently challenged at an appropriate level.

Children had opportunities to access to the local community to enhance their play and learning experiences. They visited the local beach, worked with the community allotment society and visited the nearby library to share and enjoy books and take part in Bookbug sessions. They had also established links with the local Gaelic toddler group which supported children's transition into the service. The manager and staff team recognised the benefits of fostering links with the local community and were exploring ways of developing this further.

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

The indoor playroom was comfortable and welcoming with plenty of natural light and ventilation. The staff had recently reflected on the layout of the indoor play space to improve opportunities for children. For example, the staff office area had been reduced to provide children with extra floor space for play. The arts and crafts area had also been reviewed to make it easier for children to access resources independently. As a result, this enabled children to access most resources independently and provided space for their exploration and play.

Overall, the indoor and outdoor environments were structured to take account of children's differing stages of development and learning. The indoor playroom included some interesting provocations which encouraged children's creativity, curiosity and imagination and reflected their interests. For example, children's recent interest in doctors had been incorporated into some of the objects and areas for play. The arts and crafts area included loose parts and objects to reflect the season and changes in the weather. Children commented as they used paint, scissors and other mark making materials to create pictures: "I'm making waves" and "I'm making a storm". As a result, children were engaged in some activities which reflected their interests and curiosities. The service had identified the need to review and develop the indoor learning environment further to ensure children are provided with interesting and relevant play experiences which promote their development and learning.

Staff worked to ensure that children had free-flow access to the outdoor space for the majority of the day. This supported children to be active and healthy. Outdoors, children had opportunities to climb, run and explore which supported the development of their gross motor skills. Children had access to some loose parts including, plastic guttering, large building bricks and balls which they used to build structures to move objects along. This provided them with the opportunity to explore forces and test out their ideas. However, some areas within the outdoor provision were not inviting for children to use. For example, the painting station was not set up and there were limited provocations to engage children's interests and promote their development and learning. We discussed with the manager the importance of ensuring resources in the outdoor space are utilised more effectively to engage children's interests and promote their development and learning.

There were infection prevention and control procedures in place which supported a safe environment. For example, the service was clean and well maintained. 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. This contributed to minimising risks of infection for both the staff team and children.

Suitable nappy changing facilities were not available within the service. Due to constraints within the nursery building, standing nappy changing was taking place within a designated children's toilet area. Although, the service had risk assessed this process and put measures in place to reduce the spread of infection, this arrangement did not meet best practice guidance or support children's health, safety and wellbeing. There was an area for improvement around this identified from the last inspection which has not been met and more detail about this can be found in the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection - area for improvement 1'.

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

Since the last inspection a number of staffing changes had taken place within the service. A new manager was in post as well as a new staff team which impacted the pace of change. The new manager had started the process of consulting with families, staff and children to develop a refreshed vision, values and aims for the nursery. This will help to ensure that their views and aspirations are reflected and included in developments going forward.

The views of children and families were sought by the service to inform development priorities. For example, families had been included in the review of the vision, values and aims. As well as this, a recent consultation with families around communication methods resulted in changes to reflect the needs of families. Parent evenings were implemented to further develop the opportunities families have to discuss their child's learning and development. Most families strongly agreed or agreed with the statement: 'My child and I are involved in a meaningful way to help develop this setting and our ideas and suggestions are used to influence change'. Regular communication with families also took place through a variety of methods including an online app, through children's profiles, stay and play sessions and face to face discussions. This supported families to feel included and respected.

Some quality assurance processes were having a positive impact on children's experiences. For example, an improvement plan was in place which identified areas to develop since the last inspection. Progress had been made in taking forward some changes, particularly around the ability of staff to manage child protection concerns and to use best practice guidance to inform practice. As a result, children received care from a staff team with the appropriate knowledge and skills to support their health, safety and wellbeing. From the previous inspection, there was an area for improvement to use best practice guidance to inform the development of the service and support staff to implement this in their practice. This has been met. More detail about this can be found in the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection - area for improvement 3'.

There was a quality assurance calendar in place which was supporting some aspects of monitoring. The service were beginning to identify further areas for development which included improving the learning environment and improving staff skills around using effective observation, planning and assessment approaches. However, it was too early to evaluate the impact of changes made to address these longer term priorities. From the previous inspection, there was a requirement to ensure quality assurance processes were developed. This has been met. However an area for improvement will remain to ensure quality assurance processes are further embedded and children experience a high-quality service (see area for improvement 1).

The manager was in the early stages of supporting the new staff team to evaluate practice to bring about positive change for children. Staff had started to use the quality framework to evaluate some aspects of the learning environment and had identified some actions for change. However, more time is needed to allow self-evaluation processes to fully embed and support positive change to children's outcomes.

Areas for improvement

1. To improve outcomes for children, the provider should further develop and implement an effective system of quality assurance to monitor and improve practice. At a minimum, the provider should:

- a) implement clear and effective plans to develop and improve the service; and
- b) ensure effective systems are in place to monitor and improve the quality of children's experiences and the service as a whole.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

4 - Good

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

Quality indicator 4.3: Staff deployment

The staff were caring and nurturing and committed to providing a positive experience for all children. They were warm and friendly in their approach which promoted a happy and inclusive environment where children could play and have fun. Families commented: "They are always so pleasant, reassuring and very helpful" and "I feel at ease with the staff when talking about my child and feel heard and understood. I feel that I am communicated with clearly and understand what the staff are telling me." All families strongly agreed or agreed with the statement: "I have a strong connection with the staff caring for my child". This helped to foster positive relationships between the staff, children and their families.

The service was appropriately staffed to meet adult-child ratios and the staff team worked to ensure all areas of the service were appropriately supervised and supported. Overall, the staff team communicated well with each other when a task took them away from their designated area. They informed each other when leaving an area or when attending to a child's needs. At times, the quality of engagement for some children was not as effective, as staff were supporting other children or focussed on tasks such as preparing lunch.

Continuity of care for children was consistent throughout the day with minimal changes to staffing. At lunchtime, staff breaks were well planned to minimise impact on the children whilst enabling staff to rest and be refreshed. Staff shared important information about the needs of children at necessary times. This ensured positive transitions for children and good communication with families at pick up and drop off times.

Arrangements for unplanned absence were supported by effective systems to ensure children's needs were met. For example, the service tried to use members of a regular supply bank to ensure consistency in care and minimise disruption to children's routines. Personal plans and other key information was available to all staff. This ensured that staff working in the service understood the needs of individual children and how to support them.

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

Requirements

Requirement 1

By 6 May 2024, the provider must ensure children's medical needs are safely managed. To do this, the provider must, at a minimum ensure:

a) sufficient information is gathered around children's medical requirements to enable the service to meet their needs and respond effectively in an emergency situation.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

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

This requirement was made on 9 February 2024.

Action taken on previous requirement

Effective systems were in place to support the safe management and administration of medication. The staff team had taken part in professional learning opportunities to enhance their knowledge and skills around how to manage children's medical needs within the service. Regular monitoring from the manager had supported staff to implement robust medication processes consistently in daily practice. The manager and staff team have completed a full review of all enrolments, ensuring up to date and clear information was in place to support meeting children's medical needs. As a result, staff reported that they were confident to support children's medical needs and respond effectively in an emergency situation.

Met - within timescales

Requirement 2

By 6 May 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes. To do this, the provider must, at a minimum, ensure:

- a) effective and focused monitoring is carried out across the setting;
- b) robust audits are developed and implemented, and any actions are addressed promptly; and
- c) the management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 9 February 2024.

Action taken on previous requirement

Since the last inspection, quality assurance processes had improved. A quality assurance calendar was in place to support the effective monitoring of the service. This was linked to development priorities and the day to day running of the service. For example, monitoring had taken place to ensure staff were confident using knowledge from best practice guidance to manage child protection incidents and support safer mealtimes. This helped to promote children's safety.

Audits to monitor aspects of the service had been recently implemented. For example, audits of accidents and incidents were now in place. A medication audit had been developed, however, there were no children in the service requiring medication at the time of the inspection. As a result, it was too early to evaluate if the audit processes were helping the manager to identify and take forward actions from these. A recent quality assurance audit by the provider had identified areas for development. These included improving the confidence of the new staff team to observe, plan and assess children's learning as well as develop aspects of the learning environment. However, it was too early to evaluate progress of any action taken to address these areas.

Staff were supported to develop their skills and knowledge to more effectively meet the needs of children. The full time staff member had regular support and supervision sessions with the manager which identified strengths and areas for development in practice. They had accessed a range of training opportunities since the last inspection which included, practical paediatric first aid and child protection training as well as support to work towards gaining a childcare qualification. As a result, children benefited from being supported by staff who were better able to meet their needs.

This requirement has been met. However a new area for improvement will be added within quality indicator 3.1 to ensure more time is given for quality assurance processes to be fully embedded.

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

To support children's safety, health and wellbeing when eating, the provider should ensure that staff have the knowledge and skills necessary to prepare food in a manner which reduces the risk of choking. This should include, but is not limited to, increasing staff knowledge and competency in using Care Inspectorate good practice guidance: 'Prevention and Management of Choking Episodes in Babies and Children.'

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

This area for improvement was made on 9 February 2024.

Action taken since then

Staff demonstrated the knowledge and skills to prepare food in a manner which reduced the risks of choking. This supported children's safety. Conversations with staff highlighted their understanding of how to prevent choking episodes by, for example, removing skins from certain foods and cooking hard vegetables

like carrots until they are soft. As well as this, recent First Aid training had given staff confidence around how to manage a choking episode with young children. All staff had reviewed best practice guidance "Prevention & management of choking episodes in babies & children" to support the development and review of their skills and knowledge. Monitoring of the snack and lunchtime routines had resulted in improvement to food preparation practices and staff deployment which contributed to reducing the risk of potential choking episodes. As a result, children's health, wellbeing and safety were being supported at mealtimes.

Previous area for improvement 2

To ensure children experience nappy and toilet facilities which support their health, safety and welfare needs, the provider and manager should, as a minimum ensure:

- a) the nappy changing unit is a suitable size and strength and conforms to relevant safety standards; and
- b) robust infection and prevention control procedures are in place for shared toilet facilities.

This is to ensure care and support is consistent with the Care Inspectorate document Nappy changing for early learning and childcare settings (excluding childminders).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I require intimate personal care, there is a suitable area for this, including a sink if needed.' (HSCS 5.4).

This area for improvement was made on 9 February 2024.

Action taken since then

Suitable nappy changing facilities were not available within the service. Since the last inspection, some progress to meeting this area for improvement had been made. For example, the previous nappy changing fold down unit had been removed and was not in use. Arrangements had also been made to ensure that staff and children were no longer sharing toilet facilities. Risk assessments were in place and being implemented to mitigate the risks associated with standing nappy changes within a child's toilet area. Discussions were ongoing between the management of the community building and the provider to implement suitable nappy changing facilities within the service. However, a permanent solution had not yet been agreed or implemented. This did not support children's health, safety or wellbeing.

Therefore, this area for improvement has not been met and will be continued.

Previous area for improvement 3

To improve outcomes for children, the provider and manager should use best practice guidance to inform the development of the service and support staff to implement this in their practice.

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).

This area for improvement was made on 9 February 2024.

Action taken since then

The provider and manager have used best practice guidance to inform the development of the service and supported staff to implement this in their practice. Since the last inspection the staff team have had access to training opportunities to improve their knowledge and skills around safe management of medication, preventing and managing choking incidents and managing child protection disclosures. From discussions with staff, they reported that they are confident and knowledgeable to use skills gained from training to support children's health, safety and wellbeing. Regular monitoring of these skills through the service quality assurance processes was supporting staff to embed and sustain changes in practice related to these areas. This supported positive outcomes for children.

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?	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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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