

# Gardenstown Playschool Day Care of Children

Bracoden Schoolhouse Bracoden School Gardenstown Banff AB45 3HA

Telephone: 01261 851 917

Type of inspection:

Unannounced

Completed on:

7 November 2024

Service provided by:

Gardenstown Playgroup

Service no:

CS2003002550

Service provider number:

SP2003000426



### About the service

Gardenstown Playschool has been registered since 2002 to provide a care service to a maximum of 24 children aged from 2 years to those attending primary school, of those 24 no more than 10 are aged between 2 - 3 years. The afterschool provision will provide a service for 20 children aged from 3 years to those attending primary school, of those 20 no more than 5 are not yet of an age to attend primary school. During the inspection there were up to 13 children present. The afterschool provision was not operating at the time of the inspection.

The service has exclusive use of designated rooms within the school building. Children can access three playrooms on the ground floor and the toilets on the second floor. They have lunch in the school canteen. There is access to a small enclosed outdoor play area as well as use of the play park and wooded area within the school grounds.

# About the inspection

This was an unannounced inspection which took place on 06 and 07 November 2024 between the times of 09:00 and 16:45. 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 and complaint 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 three of their parents/carers
- received 10 completed questionnaires from parents and staff
- spoke with staff and management
- observed practice and children's experiences
- · reviewed documents.

# Key messages

- Kind and nurturing interactions from staff supported children to feel welcomed and included.
- Children were able to lead their own play and were engaged in their activities.
- Children benefitted from a welcoming and well-maintained environment.
- There was an ethos of self-reflection and improvement which supported positive experiences for children.
- Staff worked well together as a team promoting a relaxed and happy atmosphere which children enjoyed.

# 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good

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

## How good is our care, play and learning?

4 - Good

We evaluated this 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 benefitted from kind and nurturing interactions from staff, supporting them to feel valued and accepted. Staff knew children well and had formed positive attachments with them, promoting their wellbeing. Parents who provided feedback said they were happy with the care provided and all agreed that there was a strong connection with staff. One commented, "I couldn't be happier with this nursery setting for my child. It's such a warm, welcoming, and nurturing space that feels like a home away from home".

Information was gathered from parents regarding children's routines and preferences which supported staff to reflect parent wishes and promote a continuity of care. When children needed support in personal care such as visits to the toilet, interactions from staff promoted their dignity and privacy.

Snacks were served in the playroom and children enjoyed a relaxed and sociable time with their peers. While some children had opportunities to practice developing their independence such as pouring their own drink or serving their food this was not consistent. We suggested that more be made of opportunities to assist in preparing and serving snack at age appropriate levels for children. Lunch was served in the school lunchroom and was also a sociable experience. Staff sat with the children supporting their discussions and positive relationships. Food served was nutritious and appetising. Children who had a packed lunch had this served on plates and ate with their peers supporting them to feel respected and included.

Personal plans were in place for all children. These contained relevant information such as emergency contacts and medical needs, promoting children's health and safety. One plan that we sampled had not established the information needed to promote children's care and wellbeing within the 28 days required by legislation. Once formed all plans had been reviewed with parents within the required six month period. The manager agreed to ensure all plans were established within required timescales going forward.

The use of information from plans to support children was inconsistent. Some plans detailed strategies of support that were not used consistently while others reflected the child's care needs accurately. Staff showed a good knowledge of individual children's needs and how to meet them but this was not always reflected in the child's plans. We suggested that plans be reviewed to ensure that the information held is up to date and reflects staff knowledge of children. This will promote positive outcomes for children through access to relevant and up to date information.

Children's wellbeing was supported as staff worked well with other agencies involved in children's care. This promoted effective information sharing and a continuity of care. Children's safety was promoted through staff understanding of their role in identifying, recording and referring any concerns they had.

#### Quality Indicator 1.3 - Play and learning

Children were engaged in their activities and having fun throughout our visit. There were opportunities for children to lead their own play throughout the day. This included choosing to play indoors or outdoors and access to a range of resources and play areas.

To promote their skills in language and literacy, children accessed a range of books, environmental print, mark making resources and had discussions with staff. Staff showed skills in encouraging children to express their views and preferences. Visual timetables and prompts were beginning to be used to support this. Staff should develop their confidence in this so that the strategies are used consistently to support children. There were opportunities for children to develop skills in numeracy through measurement, comparison, sorting and counting.

Staff interactions mostly supported children in extending their play and learning experiences. For example, asking children to consider what next in their activity and giving time for children to problem solve and predict outcomes. Confidence in this varied across the staff team though with some staff very confident and consistent and others less so. The manager should support staff to further develop their confidence through a sharing of skills and experiences.

Play opportunities were planned following observations of children's experiences and interests. These observations were recorded and shared with parents via an online app which supported links between nursery and home. The quality of these observations varied. Some of those we sampled were very specific to individual children and identified children's learning, while others were more general with a description of group experiences.

Of those observations we sampled, only one had an identified next step to support the child's progression. This was a good link to the observation but did not contain enough detail to enable another staff member to know what to do to support the child. There was not yet an effective system in place to track individual children's progress and development. This is an area which has been identified by the manager as needing further development to build staff confidence and embed a consistent approach. Training and support for this is planned.

# How good is our setting? 5 - Very Good

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

#### Quality Indicator 2.2 - Children experience high quality facilities

Children's wellbeing was supported by bright, well-ventilated and welcoming playrooms. The furnishings and layout promoted a homely comfortable environment for children to enjoy. One of the playrooms was now being used as a 'calm' room with a sofa and blankets as well as lights and sensory resources. This supported all children but particularly those who needed a quieter atmosphere when settling in or if they became tired or overwhelmed at any point.

Children's health was supported as they had access to a range of outdoor areas including a wooded area and a play park within the school grounds. The use of these areas was built into the planning of the play routines for children. The outdoor area immediately next to the playrooms was used continually and children could choose when to access this area. Resources here included physical play items such as balance bikes, a large sand pit, mud kitchen and water play as well as a den. There were some resources to support numeracy and literacy such as mark making and balance scales.

Resources were in good repair and developmentally appropriate for the children. There was a mixture of

# Inspection report

real life and open-ended items to support children in their imaginative play. Children were able to access most resources independently promoting their choice and ability to lead their own play.

Children's safety was supported through effective risk assessment of any hazards. These were recorded and information was detailed to support staff in their role of keeping children safe. Children's awareness of risk was promoted through staff interactions. This included encouraging them to wear helmets when on balance bikes and to consider the safe use of resources.

Children benefitted from a safe and well-maintained building and outdoor areas. The outdoor areas were secure promoting children's safety. The main door to the building is kept unlocked to promote a feeling of inclusion for families. We asked the manager to consider how this impacts on children's safety when everyone is inside. They immediately updated the risk assessment to record that a member of staff should be at the door during drop off and pick up times.

Infection prevention and control measures supported children's health. This included handwashing by children and staff at appropriate times and the regular cleaning of surfaces.

The privacy of children and their families was promoted through the safe storage of documents and information.

# 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

A vision, values and aims statement was displayed in various ways in the service and reflected in the provision of care. Staff and parents had been involved in reviewing this statement recently. This supported everyone in recognising what was important for the service to meet the needs of the children and support their wellbeing.

Children and their families benefitted from accessing a service where the committee, manager and staff were committed to providing a caring and supportive service which was an integral part of the community. Positive links had been formed with the primary school and the local care home as well as other agencies such as the health visiting service.

Self-evaluation of the service was taking place. Parents' views had been gathered to inform this, mostly through discussions with staff and committee. Opportunities for further parental involvement had been offered via emailed surveys. We suggested that, as there had not been a large response to this, the manager should look at other ways to invite parental feedback. Observations of children's interests and use of resources and spaces had informed the self-evaluation. Previously the service had been able to capture children's voice through discussions but at the moment work was being carried out to improve the effectiveness of this.

Quality assurance processes were in place and had been successful in prompting improvement to be planned in the observation and planning for children's learning. However, the processes had not identified the need to develop the information held in children's personal plans. During discussions regarding our inspection findings the manager was already considering ways to improve these processes.

Significant improvements had been made to the environment since the last inspection, promoting children's comfort and quality of experience. A development plan was in place with focus areas to promote further improvement. However, while there were identified outcomes which were focused on children's experiences there were no clear actions to support the progression of change. This meant that some improvements were taking longer to have an impact on the experiences for children. We asked the manager to include clear actions to consistently support further improvements.

# How good is our staff team?

5 - Very Good

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

#### Quality Indicator 4.3 - Staff deployment

Children were cared for by an established staff team who were confident in their role and enthusiastic about the children in their care. They worked well as a team and provided a happy and relaxed atmosphere which children and their families enjoyed.

Children's health and wellbeing were promoted as there were enough staff to meet their needs. The manager recognised the importance of having enough staff present to care for children. Staff provided a continuity of care across the day. This included busier times of the day such as lunch and when children were arriving or leaving. When parents came to drop off or collect their child, staff made time to talk to them. This supported positive transitions for the children and effective information sharing to promote a continuity of care. Parents told us that staff were "Amazing. They treat your child as their own. Nothing is ever a bother to them" and "Staff are warm and welcoming. I find it easy to pass on information about my child and feel aware of what happens on a day-to-day basis". Staff absences and breaks were managed to reduce any potential negative impact on children's experiences.

Children benefitted from the range of experiences, knowledge, skills and interests across the staff team. Staff were taking leadership of particular areas of the room, based on their interests and training. Staff communicated well and were skilled at noticing where they were needed and in moving to be there. They made time to listen and talk to children as well as notice their nonverbal cues to indicate when they may need support. If tasks took staff away from the children, they ensured that their colleagues were aware and that the support for children was still available.

Children's safety was promoted as staff were all appropriately registered. A process for mentoring new staff was in place although there had been no new staff recently. Staff told us they felt supported by each other, the manager and the committee. There was a relaxed, comfortable working environment where people felt confident to make suggestions and initiate improvements.

# 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 support effective infection prevention and control the provider and manager should relocate the washing machine so that it is away from the kitchen and playrooms. The best practice document 'Space to Grow' should be used to inform the placement of the washing machine.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 13 November 2023.

#### Action taken since then

Children's health was supported as there was less risk of infection or cross contamination as the washing machine had been relocated away from children's play areas.

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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