

Avoch Primary Early Learning and Child Care Day Care of Children

Avoch Primary School
Station Road
AVOCH
IV9 8PS

Telephone: 01381 620 369

Type of inspection:
Unannounced

Completed on:
29 August 2024

Service provided by:
Highland Council

Service provider number:
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Service no:
CS2003017171

About the service

Avoch Early Learning and Child Care is a day care of children service situated in Avoch Primary School in the village of Avoch.

The service is registered to provide a care service for a maximum of 78 children aged three years to those attending primary school.

The service is situated in a residential area near shops, a beach and other amenities. The children are cared for in a purpose built extension to the school with two playrooms and access to fully enclosed outdoor areas.

About the inspection

This was an unannounced inspection which took place on Wednesday 28 August, between 08:50 and 16:30 and Thursday 29 August 2024, between 08:00 and 10:00. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- reviewed 10 responses to our MS Forms survey of family members of people using the service
- spoke with six staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children experienced nurturing, warm, caring interactions and support from staff, which supported children's emotional wellbeing and care, promoting a sense that they were valued.
- Children were generally busy, happily engaged in play and having fun.
- Staff recognised when children were engaged in their play and did not disrupt this, instead thoughtfully asking questions to extend children's ideas and thinking.
- We found inconsistencies in infection prevention control measures which had the potential to increase cross infection.
- Some gaps in basic systems and processes to keep children healthy, safe and protected had not been identified. The service should now develop more effective quality assurance systems.
- Staff interactions were respectful between each other, supporting a positive ethos and contributing to the calm atmosphere that children experienced.

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/people and clearly outweighed areas for improvement.

1.1 Nurturing Care and Support

Children experienced nurturing, warm, caring interactions and support from staff. They were readily given cuddles and reassurance which helped them to form strong attachments with the staff looking after them. Older children confidently approached members of staff for support and to help them fulfil their needs. Staff at breakfast club and out of school care encouraged children to chat about school and home life. This supported children's emotional wellbeing and care and promoted a sense that they were valued. It was clear that children had formed trusting, positive relationships with members of staff.

Children's care and support benefitted from the good relationships staff had fostered with parents and families by actively welcoming them into the service. This provided a warm, welcoming atmosphere and promoted the sharing of information. Parents were encouraged to stay and support children who were taking longer to settle. As a result, this enabled staff to support nurturing relationships with the children as they knew families well. A parent told us, "staff are patient and loving and create a warm and nurturing environment that is helping (child's) transition."

Children's care was supported by personal plans, containing basic information necessary to provide effective care and support individual needs. The manager and staff were proactive in identifying strategies to support children's needs. This included working with other professionals, such as speech and language therapists. Identified strategies were recorded and shared. Recorded information was regularly reviewed and updated by parents. This meant that strategies were in place to support children at the right time. Parents told us, "We have regular meeting(s) to input to his folder and can upload his home achievements on Google classroom," and, "The staff are great at communicating and understanding any of my concerns or queries. They listen if I have anything I want to talk over." As a result, children's needs were generally well supported.

Children experienced relaxed, calm, homely snack and lunch times. Children had opportunities to be involved in the preparation of snack and to develop independence skills at meal times. Children were encouraged to serve themselves where possible. An older child attending out of school care happily helped prepare snack for younger children. An adult sat at each table with children which supported safe eating and encouraged sociable chat. Children were accessing their own water bottles outwith meal times, keeping them hydrated.

Children were able to rest and relax in comfortable, cosy spaces or cuddle up on an adult sized sofa to enjoy a story. Children who needed a quieter space to self-regulate could access a nurture room with adult support. This meant that children's emotional well-being was supported in ways which took individual needs into account.

We found a discrepancy in recorded medical information. Although immediate action was taken, we've made an area for improvement around quality assurance processes (see section, How good is our leadership?). The service should now develop systems to help them identify and address any inconsistencies in recorded information to support children's outcomes. Staff demonstrated good knowledge of children's needs in relation to allergies.

1.3 Play and Learning

Most children actively led their own play and were generally busy, engaged and having fun. Free flow between indoors and outdoors supported nursery children to follow their interests and promoted choice and independence in their play. Child-led play was balanced with some planned activities. Adult-led learning experiences allowed children who were interested to extend their learning. Staff recognised when children were engaged in their play and did not disrupt this. Instead they thoughtfully asked questions to extend ideas and thinking.

A responsive approach to planning learning and development experiences was in the early stages of development. This had been identified by the service as an improvement priority. Current planning did not yet provide give the flexibility for children to take learning in a different direction. The service was in the early stages of developing their approach to planning, including achieving a balance of responsive and intentional planning. Children attending breakfast club and out of school care were actively involved in regularly suggesting ideas for planning activities and resources they would like to use. This approach supported child-led play and learning. For example, after expressing an interest in the nursery's emotional check-in board, they were also included in this daily activity. This gave staff the opportunity to gently ask more questions about their day and provide support if needed.

The service recognised that children's learning and progress were not yet benefitting from a consistent approach to recording observations. They had identified this as an improvement priority and they were in the early stages of developing this area. Observations were not always recording the learning or skill being developed. However, termly key worker pupil progress meetings successfully captured core curriculum learning and progress. Parents were encouraged to access children's learning journals regularly and told us, "They provide folders which they keep updated with my child's learning experience which I have access to anytime." The service was in the early stages of developing effective next steps to support progress in learning and development.

There were some opportunities for children to develop literacy, language and numeracy learning. Staff provided story-telling on demand providing opportunities to hear and explore language together. Staff used some opportunities to introduce mathematical language to play, such as small, round, big, square. The service should continue to evaluate and develop language, literacy and numeracy opportunities both indoors and outdoors.

Nursery children's experiences and learning benefitted from opportunities to connect with their wider community. Where possible staff took children to explore the school grounds in small groups. Visits from organisations and services, such as the police, were regularly organised. These experiences supported children to build connections with their school and wider community.

How good is our setting?

3 - Adequate

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

Children experienced a setting which was comfortable and had plenty of natural light and ventilation. The setting was neutrally decorated and furnished, with two playrooms which had inviting spaces that were appealing to children, promoting a homely, cosy feel. This impacted positively on children's play and care experiences. Warm, welcoming spaces had been created which provided opportunities for children to retreat when they needed a quiet, calm time. Overall the indoor setting was well maintained.

Children's physical development, health and wellbeing benefitted from opportunities to play outdoors.

This was supported by free-flow play between indoors and outdoors which was available to children for most of the day. We found that one aspect of provider responsibility was having a negative impact on children's play experiences. At the time of inspection, one of two outdoors areas had been closed off as the grass and weeds had become overgrown. This meant that there were less opportunities for children to follow their curiosity and engage in creative, imaginative play were at that time.

Children's play experiences were not consistently supported to be safe. We found that children's safety was compromised by inadequate supervision while using a piece of large play equipment. Another piece of large play equipment had been left on its side in the same area. This created a potential hazard for children playing in this area. When we highlighted these concerns, immediate action was taken by the service to enable children to use equipment safely. However, the manager should now work with staff to develop a greater knowledge and understanding of assessing and addressing risk by taking appropriate action. Consideration should also be given to effective staff supervision while children are using large play resources. As a result we made an area for improvement relating to risk assessment (see area for improvement 1).

Children's curiosity and creativity were supported by the provision of a variety of loose parts and open-ended, natural resources both indoors and outdoors. Children's exploration of these materials was fuelling imagination, curiosity and discovery. A small group of children were exploring the use of sand and water as concrete in their imaginative play. The service should continue to add to real life resources to support children's imaginative and creative thinking. Resources were accessible to children, allowing them to self-select items of their choice.

Most infection prevention and control measures supported children's health and wellbeing. For example, children were reminded to wash their hands at key times. This routine was generally well supervised by staff so that handwashing was effective. The door to the toilets opened directly onto the playroom. We found the doors were left open, increasing the potential for cross infection. When we highlighted this to the manager they began to take action to ensure the doors were closed over at all times. This included planning arrangements for children to be supported and supervised effectively.

Children's choice about how and where they played was supported by staff making effective use of walkie talkies to communicate. This enabled all staff to be aware of where children were playing as they moved between areas. This fostered an inclusive approach to supporting all children to engage in play that was right for them.

Areas for improvement

1. To ensure that children are kept safe, the provider should make sure that arrangements are in place to maintain a safe environment. This should include but is not limited to increasing staff knowledge and understanding about risk assessing and taking appropriate action.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

How good is our leadership?

3 - Adequate

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

Children's outcomes benefitted from the service encouraging regular opportunities for their families to be involved. Parents views were gathered in a variety of ways across the academic year.

Actions taken forward were shared with parents so they were aware of the influence their input had on developing the service and experiences for their children. A parent told us, "There are drop in sessions for parents and I am asked for input in what is going well and next steps. This has been through a range of formats such as play activities with my child and surveys." Children's voices had been captured and promoted ownership of aspects of their experiences and learning. One example, was children's feedback about how they liked to interacted with during play.

Children's experiences and outcomes were influenced by staff contributions to a variety of service forums. These included staff meetings, pupil progress meetings, and support and supervision meetings. This meant staff were supported to reflect on practice and to influence changes which impacted positively on children's outcomes.

We found some gaps in basic systems and processes to keep children healthy, safe and protected that had not been identified through effective quality assurance systems. When such gaps were highlighted to the manager, they were proactive in taking immediate action. The service should now develop systems to help identify and address any inconsistencies in recorded information to support children's health and wellbeing outcomes. This should include recorded information relating to medication and welfare concerns. The service should now develop processes to identify gaps in quality assurance systems to support positive outcomes for children. We made an area for improvement relating to effective quality assurance processes (see area for improvement 2).

Areas for improvement

1. To ensure that children benefit from improvements which have positive impacts on their outcomes, the manager should ensure robust quality assurance systems are in place. This should include but is not limited to:
 - a) having clear, rigorous auditing and monitoring of the quality of all aspects of children's experiences and care
 - b) auditing all children's information recorded, including medication information.

How good is our staff team?

4 - Good

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

Children were generally well supported by staff across their day, providing good continuity of care. Staff demonstrated caring and nurturing interactions towards children, remaining calm even when a situation arose causing pressure to the staff team. Children benefitted from consistency of care because staff knew them and their needs well. Staff interactions were respectful between each other. This support a positive ethos in the setting and contributed to the calm atmosphere that children experienced.

The deployment of staff across the day influenced the good standard of care and support children received. There was a balance of staff skills, knowledge and experience across the two playrooms, as well as for breakfast club and after school care. Staff breaks and shifts were planned so that disruption to children's care and support was minimalised, even at busier times of the day. Transitions across the day had been well-planned to help enable appropriate supervision and care.

Staff were clear in their roles and responsibilities in providing continuity of care and support to children.

They worked flexibly as a team to meet children's needs and to support each other. Staff made effective use of walkie-talkies to communicate. This enabled staff to support children to engage successfully in play experiences and with other children. Staff should continue to be aware of their positions when moving around areas, particularly in outdoor areas, to support consistent supervision and monitoring of children.

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	5 - Very 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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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