

Flexible Childcare Services Scotland - Kilmarnock Day Care of Children

Centrestage
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
SP2019013370

Service no:
CS2022000186

About the service

Flexible Childcare Services Scotland - Kilmarnock is registered to provide a care service to a maximum of 44 children at any one time. Of those 44 no more than 10 are aged under two years and no more than 34 are aged two years to those not yet attending primary school with no more than 10 aged two years to under three years.

Adult:child ratios will be a minimum of:

- under two years - 1:3
- two years to under three years - 1:5
- three years and over - 1:8 if the children attend more than four hours per day
- or 1:10 if the children attend for less than four hours per day.

The service is accommodated within Centrestage, Kilmarnock. There are two main playrooms and a small outdoor play area. The service is situated close to a local school, park, and other amenities.

About the inspection

This was an unannounced inspection which took place on 29, 30, and 31 October 2024 between 10:00 and 17:30. 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, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- interacted with children using the service
- spoke with four of their parents/carers
- spoke with staff and management
- received 10 completed questionnaires (this includes all types)
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children were supported by kind staff.
- Children's personal plans were inconsistent to promote high quality care and learning for all children.
- Mealtimes could be improved with better organisation and staff interactions.
- Children's health and safety was compromised by ineffective recording and insufficient staff knowledge in the safe administration of medication. This was addressed during inspection and improvements were made.
- Most children were happy and busy. However, opportunities to support learning and development could be improved.
- Some areas of the building required maintenance and decoration to keep children safe and well.
- Self evaluation and quality assurance processes could be improved to support the development of the service and ensure positive experiences 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

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

1.1 Nurturing care and support

Children were supported by kind staff. Staff were patient and encouraging and used soothing and calm tones when speaking. This contributed to a relaxed ethos where children were happy to play and explore. Parents contacted commented, "The staff are amazing! Really personable and really know and understand my child and their needs! My child is always happy going in and coming home from nursery".

On a few occasions, staff did not always respond to children's cues for help and support. This meant a few children did not always receive the care and support they needed to flourish.

In the baby room, children displayed positive attachments to staff, helping them to feel safe and loved. For example, we observed staff sitting and feeding babies using good eye contact and warm smiles. However, when the number of babies attending increased, it became more challenging for staff to provide babies with the individual care they needed. As a result, a few babies did not get cuddles and care when they needed them.

Children were supported with respect, kindness, and loving care when helped with their personal care. This helped them feel safe and at ease.

Children were supervised by caring staff when being soothed to sleep. Sleep patterns from home were followed, supporting children's emotional health and wellbeing. In the age two-five room, cosy spaces were available to support rest and relaxation.

The quality of information held in children's personal plans was inconsistent. A few parents felt they were not fully involved in developing their child's personal plan and commented, "I haven't seen my child's development plan, I didn't realise they had one". We found some plans were missing and others had not been fully completed. Most plans had not been recently reviewed with parents to ensure children's information was up-to-date. For some children, there was insufficient information and unclear strategies to promote staff knowledge and understanding of their needs. This led to inconsistent care for some children (see area for improvement 1).

Children experienced inconsistent mealtimes. In the two-five room, poor organisation of lunch meant some children were sitting for lengthy periods of time waiting for their friends to handwash or finish eating. Poor seating arrangements meant some children were uncomfortable. Children were offered cheese and ham sandwiches for lunch, however they were not provided with vegetables or fruit in line with current guidance. Children were supervised by staff who stayed close to the tables. However, they were not always focussed on helping the children. We discussed our concerns with the manager and snack and mealtimes improved on day two. Children were offered a more nutritious and appetising hot meal and staff were more responsive to their needs (see area for improvement 2).

Children's health and safety was compromised by ineffective recording and insufficient staff knowledge in the safe administration of medication. Medical forms were not fully completed and information to support the safe administration was unclear. Some forms had not been signed by parents when medication had been administered or when medication had been returned home. This raised the potential risk to children's

health. We raised our concerns with the manager who took immediate action. Medication systems and procedures were reviewed and staff undertook training to develop their knowledge and skills (see area for improvement 3).

1.3 Play and learning

Most children were happy and busy. They were able to choose where they wanted to play and why. For example, some children made puzzles and rolled and pressed playdough and some children played outdoors, digging and playing with toy dinosaurs. However, planned play experiences, such as group story time and group art time, were too frequent and did not meet the needs of all children. As a result, children's play was disrupted and a few children were disengaged (see area for improvement 4).

Staff interactions to support children's learning was varied depending on staff skills, knowledge, and experience. Some staff were more confident and engaged children's interests. For example, when discussing Diwali and letter sounds during small group activities. Some staff did not always get down to the children's level and were more focused on tasks or supervising the children. This meant children were not always challenged or supported to extend their thinking (see area for improvement 4).

Babies were confident and happy and enjoyed the play experiences. However, as numbers of children increased, staff were less able to respond to their cues and encourage their participation.

Planning approaches to support children's learning were in the early stages of development and part of the service improvement plan. Staff were beginning to plan activities based on children's life experiences and interests. For example, children had participated in autumnal walks to find twigs and leaves and were able to explore pumpkins and make pictures. However, observations of children were infrequent and next steps in learning were not reflected in practice or in the continuous provision of resources. Some parents felt they were not fully informed about their child's learning and commented, "I would like more communication about what my child's day looks like, their learning journey, and more photos of what they're up to each day" and "I would like more communication and showing us more of what they do each day" (see area for improvement 4).

Learning in language, literacy, and numeracy was promoted in some play experiences. Children enjoyed stories and songs and evidence of mark making and writing was displayed. There were some opportunities for numeracy development, such as number displays and measuring tools. We discussed further developing these opportunities through staff interaction, messy play, and choice of resources.

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. For example, children visited the local park and accessed facilities within Centrestage, Kilmarnock, a community resource using the arts to bring people of all ages and backgrounds together. They also visited the local shops. Parents commented, "My child got to go to the transport museum, which was a success. They go to the park and the library. They also attend Centrestage singing".

Areas for improvement

1. To promote children's care, welfare, and development needs, children's personal plans should be reviewed in partnership with parents and clearly set out children's current needs and preferences and how these will be met.

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).

2. To promote children's understanding and enjoyment of healthy eating and drinking, the manager and staff should improve mealtime experiences. This should include, but not be limited to, providing healthy and nutritious food choices.

The guidance 'Setting the Table', October 2024, may be helpful. It is found on the Care Inspectorate Hub.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

3. To ensure the safe administration of medication, the provider and manager should ensure robust systems and procedures are in place and followed by knowledgeable and trained staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

4. To support children's progress and development in learning, the manager and staff should ensure children are provided with high quality play and learning opportunities planned to meet their individual learning needs. This should include, but not be limited to:

- a) Appropriate group time experiences.
- b) High quality interactions to engage, sustain, and extend children's thinking.
- c) Effective tracking and recording of children's development through observation and next steps.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, my social and physical skills, confidence, self esteem, and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

How good is our setting?

3 - Adequate

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

The service was accommodated within Centrestage, Kilmarnock. The playrooms were bright, spacious, and well ventilated. The foyer looked welcoming for parents. Information about the setting, children's learning, and other local groups were on display. This helped keep parents informed and promoted ongoing family engagement.

Children were cared for in an environment where their safety, health, and wellbeing were compromised. Some areas of the building required maintenance and decoration to keep children safe and well and to provide them with a sense of worth. The walls looked grubby, some soft furnishings looked dirty, some of the surfaces were cluttered, and children had been drawing on some of the furnishings and resources. Staff did not work well together to recognise and remove risks. For example, there were a few broken and

unsuitable resources. We addressed our concerns with the manager and immediate action was taken to ensure children's safety (area for improvement 1). They advised the walls were going to be painted soon to help create a more welcoming and inviting environment.

The learning environment had not been sustained or improved since last inspection. There were good quality furnishings, however there were less opportunities to support children's choice and independent play. Paper and drawing materials were not readily available. Children's natural curiosity, imagination, and creativity was not well supported as there were very few sensory or creative materials available to them. There were some improvements in the baby room. Comfortable chairs were well used when giving children cuddles and comfort. The room looked clean and inviting (area for improvement 2).

Children's personal plans were not securely stored to maintain confidentiality. Some children's files contained inappropriate information and some files could not be found (area for improvement 3).

Areas for improvement

1. To promote children's safety and wellbeing, the provider, manager, and staff should ensure the environment is safe, well maintained, and free from hazards. This should include, but not be limited to, effective risk assessments carried out by competent staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.24); and 'My environment is secure and safe' (HSCS 5.19).

2. To support children's learning and development, the manager and staff should ensure the environment is equipped and resourced to facilitate children's imagination, enquiry, and curiosity. This should include, but not be limited to, literacy and numeracy, sensory play, and creative play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning, and creativity' (HSCS 2.27).

3. To promote children's and their families' confidentiality, the provider and manager should ensure children's personal information is securely stored and complies with relevant best practice.

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, were strengths only just outweighed weaknesses.

The manager of the setting was dedicated in providing good outcomes for the children and families in their care. However, recent challenges had impacted on service provision. These included an increase in numbers of children and in significant changes within the staff team. The manager remained engaged throughout the inspection process and immediate action was taken to address some of the concerns raised.

Ways to seek the views of children and families could be improved in order to support the development of the service. Parents were involved through stay-and-play sessions and daily chat at arrival and pick-up times. A stakeholders group to inform and involve parents and members of the local community was in place. However, parental feedback had not been effectively sought or used to influence change (see area for improvement 1).

Children were able to voice their opinions by choosing where to play and why.

Self evaluation practices could be improved to involve staff and support continuous improvement and development of the service. The manager recognised previously planned improvements had not been progressed and that immediate action was required. They were receiving support from the local authority and an improvement plan had been developed with specific focus areas. This had not yet impacted on children's experiences (see area for improvement 1).

Quality assurance processes and procedures were not effective to identify inconsistencies in practice. Inconsistencies in staff interactions had not been addressed in order to ensure positive and supportive outcomes for children. Audits of medication and the environment had not identified any risks to help keep children safe and well (see area for improvement 1).

The vision and aims of the service were attractively displayed and shared with parents. However, they were not fully reflected in practice to support high quality play and learning.

Areas for improvement

1. To support improvement to the service and promote good outcomes for children, the manager should ensure self evaluation and quality assurance of the service are embedded in practice and involve all stakeholders to bring about positive changes and sustained improvement.

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?

3 - Adequate

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

Staff interactions were kind and children were happy and settled. Parents 'strongly agreed' that staff had the appropriate skills, knowledge, and experience to care for their child and support their learning. They commented, "Staff are all very friendly, seem to be genuinely interested in the kids they look after and their families".

Children were supported by a team who were beginning to form positive professional relationships. Newer staff felt welcomed and supported by management and colleagues. The 'National Induction' resource was recognised as beneficial in supporting staff confidence and competency.

Children were supported by staff with a mix of staff skills. Staff genuinely cared about the children and were enthusiastic about their role. However, at points across the day, there were gaps in specific skills to keep children safe and promote high quality outcomes. This led to inconsistent care and interactions (area for improvement 1).

The approach to staffing meant there were not always enough staff to promote high quality care and provision. Staff breaks were well planned and did not impact on the supervision of children at busier times of the day, such as mealtimes or arrival and departure. There was a positive ethos of attendance, however any unplanned absences were covered by the manager. This led to additional pressure which impacted on their role and responsibilities. Staff felt there were not always enough staff across the day to meet children's needs. The manager advised they were in the process of recruiting.

Staff communicated well to provide effective supervision of children's play. However, they were not proactive in recognising gaps and taking appropriate action to help. This improved on day two when additional staffing undertook tasks, such as snack and dishwashing.

Areas for improvement

1. To promote children's care needs, learning, and development, the provider and manager should ensure the deployment of staffing is effective to promote high quality engagement and interaction.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16).

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 to achieve their full potential, the provider, at a minimum, should ensure that:

- a) Staff are knowledgeable and trained in supporting children's play and learning.
- b) The tracking and recording of children's development is fully embedded in practice to inform purposeful and meaningful play and learning experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

This area for improvement was made on 21 February 2024.

Action taken since then

Planning approaches to support children's learning were in the early stages of development and part of the service improvement plan. Staff were beginning to plan activities based on children's life experiences and interests. However, observations of children were infrequent and next steps in learning were not reflected in practice or in the continuous provision of resources.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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