

ABC Tots Ltd

Day Care of Children

64 West Main Street
Armadale
Bathgate
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Telephone: 01501 732 444

Type of inspection:
Unannounced

Completed on:
17 October 2024

Service provided by:
ABC Tots Ltd

Service provider number:
SP2004923462

Service no:
CS2003039395

About the service

ABC Tots Ltd is a daycare of children service registered to provide care to a maximum of 41 children from zero to five years.

The service is situated in Armadale, Bathgate and is close to shops, park and other amenities. The nursery consists of a cloakroom, a playroom which is divided into smaller play areas, a kitchen, nappy changing and toilet facilities and two enclosed outdoor areas.

About the inspection

This was an unannounced inspection which took place on 16 October 2024 between 09:30 and 16:50 and 17 October 2024 between 09:15 and 15:00. 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, 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
- received feedback from 16 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children experienced warm, kind and caring interactions which supported their emotional wellbeing.
- Children had some opportunities to lead their own play and learning. However, resources did not always provide sufficient challenge, interest and excitement.
- The arrangements for monitoring, maintenance and repair for the setting and equipment were not sufficient.
- Staff and leaders had created a positive, welcoming ethos.
- Quality assurance processes were in place but were not always effective.
- Children and families were warmly greeted on arrival at nursery which supported positive relationships.

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?	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?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, kind and caring interactions. Staff understood the value of positive attachments, for example, they got down to children's level and offered cuddles and comfort. This supported children's emotional wellbeing and helped them to feel safe and secure. Families were positive about the care their children received. Their comments included, "My child feels relaxed around staff" and "Staff are superb and really care about each child".

There were inconsistencies in the quality of personal plans. Some children had detailed information in place which supported staff to meet their needs. However, some children's plans did not contain sufficient information. This meant that staff did not always have the information needed to fully support children. The manager and staff had identified this as an area for development and were in the process of reviewing and updating all personal plans to ensure any gaps in information were addressed.

Children had opportunities to be involved in the planning of meals and snacks, which promoted choice. Most staff sat with children and had positive interactions as they chatted together. This created a calm and relaxed mealtime. Children did not have appropriate cutlery which meant they were unable to independently cut their food. Children would benefit from staff eating with them to role model positive eating habits.

Staff were responsive to children's individual sleep routines and preferences. For example, ensuring they were offered comfort tailored to their individual needs to help them settle. This supported children's emotional security and wellbeing.

Staff were confident in identifying and reporting child protection and wellbeing concerns to designated child protection leads. However, not all people with lead responsibility for child protection were confident about when to contact other professionals which had the potential to put children at risk (**see area for improvement 1**).

Quality Indicator 1.3: Play and learning

Children had some opportunities to lead their own play and learning. They chose where they played and moved confidently between the indoor and outdoor play spaces. Most staff were responsive to children's interests and as a result, most children had fun. Resources did not always provide sufficient challenge, interest and excitement to engage children in deep and meaningful play. As a result, not all children experienced learning that was relevant, personalised or sufficiently challenging for their stage of development. Children would benefit from a range of loose parts, natural materials, and open-ended resources to promote curiosity and wonder (**see area for improvement 2**).

Children had some opportunities to develop skills in language and literacy. For example, children visited the library, staff read stories, and a few children engaged in mark making. Children had limited opportunities such as counting during spontaneous play experiences to develop their numeracy skills. There were some skilled interactions to support children's play however, there were missed opportunities to extend children's learning through effective commentary and questioning.

Observations of children's play and learning experiences were shared with families. These were descriptive and did not always record children's significant learning and progress. Children's next steps had been identified however, these were not always measurable or followed up. As a result, there was the potential for children's achievements to be missed (**see area for improvement 3**).

Areas for improvement

1. To ensure children are safeguarded and protected from harm, the provider should ensure people with lead responsibility for child protection are competent and knowledgeable about local and national child protection procedures relevant to their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To enable all children to be cared for in an environment that supports them to reach their full potential, the management team and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

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 help children to achieve their potential, the service should ensure that an effective cycle of high-quality observations supports and meets individual learning and development needs. This should include but is not limited to:

- a) identifying significant learning
- b) ensuring next steps are measurable and achievable

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).

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

Children and families experienced a warm and welcoming entrance area. The playroom had some natural light and was well ventilated which supported children's wellbeing. Some refurbishments had taken place inside the setting, such as new flooring in the playroom. This contributed to creating a more inviting space. A secure entry system was in place which helped to keep children safe. Children had free flow access between the playroom and enclosed garden. This promoted children's choice and provided them with ample space to play.

The arrangements for monitoring, maintenance and repair for the setting and equipment were not sufficient. For example, jigsaws had missing pieces which had a negative impact on children's play and learning. In addition, some areas of the setting were not well maintained including an external wall and outdoor decking. Whilst the manager had raised these issues with the provider, they had not been addressed promptly. This meant that children did not always experience a safe environment (**see area for improvement 1**).

Some effective infection prevention and control measures were in place. For example, children were well supported to wash their hands at key times throughout the day which helped to keep them healthy. Nappy changing facilities did not follow current guidance. For example, the nappy changing unit had a covering which was unable to be wiped clean, and a few areas of the unit were rusted. This increased the potential risk of infection (**see area for improvement 2**).

Areas for improvement

1. To keep children safe, the provider should ensure that children experience an environment that is well maintained. This should include but is not limited to:

- a) reviewing the environment for potential risks and taking action to address these
- b) implementing an effective system for maintenance and repair
- c) ensuring actions identified are appropriately and timeously addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'My environment is secure and safe' (HSCS 5.17).

2. To keep children healthy and to promote their wellbeing, the service should ensure effective infection prevention and control measures are in place.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: 'Health protection in children and young people settings, including education'.

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).

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The staff and manager had created a positive, welcoming ethos within the setting. All families agreed and strongly agreed that they were meaningfully involved in the development of the service. For example, they had the opportunity to attend stay and play sessions and provide feedback on various aspects of the service through discussions and questionnaires. The manager was exploring other ways to involve children and families in influencing change within the setting.

Quality assurance processes were in place but were not always effective (**see area for improvement 1**). For example, audits of the environment had been carried out however, these had not yet had a positive impact. Self evaluation was in the early stages and some aspects were reflective of practice. This meant there was potential for missed opportunities to identify improvements.

An improvement plan had been developed with a focus on improving the service for older children. We discussed the importance of ensuring the improvement plan reflected the whole service to support progress in the areas needed most. The manager discussed some key improvement priorities such as developing the environment. A more relevant plan should be developed to support a continuous cycle of improvement and ensure changes lead to positive outcomes for children and families.

Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) self-evaluation is used effectively to support improvement
- d) clear and effective plans are developed to maintain and improve 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).

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

Children and families were warmly greeted on arrival at nursery which supported positive relationships. Staff recognised the importance of welcoming families into the playroom and actively encouraged families in. Effective communication with families supported continuity of children's care and smooth transitions into the setting. Families told us there were always enough staff to meet children's needs. One family commented, "Always someone at the start of the day to help my child in and help them settle even when they are upset".

Staff worked well together as a team. Most staff were responsive and moved between the different areas of the playroom and garden to ensure that they were available to support children. They communicated well and as a result, children were well supported for the majority of the time.

Staff breaks were well planned to minimise the impact on children and ensure they had the right support. For example, the manager supported children during lunch to ensure they received consistent care. Where possible, children were supported by familiar staff if staff absences occurred, which helped to support continuity and minimise disruption to children's routines.

New staff participated in an induction and were supported by a mentor which enabled them to become familiar with procedures for the setting. This meant that they had a clear understanding of their role and responsibilities.

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 should continue to implement and embed self-evaluation and monitoring processes into the service using best practice guidance. The outcomes from this should be used to compile an improvement plan for the continued development of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, from an organisation that has robust transparent quality assurance processes. (HSCS - 4.19)

This area for improvement was made on 21 May 2019.

Action taken since then

Self evaluation and monitoring processes were in the early stages and did not yet inform improvement planning. This area for improvement has not been met. A new area for improvement has been identified.

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?	4 - Good
4.3 Staff deployment	4 - Good

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