

# Ferryfield ELCC Day Care of Children

Ferryloan  
Bank Street  
Alexandria  
G83 ONU

Telephone: 01389 752 429

**Type of inspection:**  
Unannounced

**Completed on:**  
10 October 2024

**Service provided by:**  
West Dunbartonshire Council

**Service provider number:**  
SP2003003383

**Service no:**  
CS2003014727

## About the service

Ferryfield ELCC is provided by West Dunbartonshire Council. The service is registered to provide a care service to a maximum of 44 children not yet attending primary school, of whom no more than 10 children are under 2 years.

The service is based within a detached building comprising of three separate playrooms, a lunchroom for children, changing areas and children's toilets. There are two outdoor areas to offer children opportunities for outdoor play and learning.

The service is based in Alexandria and is easily accessible by foot and car and is near to local bus routes. It is within walking distance of the train station. Local primary schools are within walking distance of the setting.

## About the inspection

This was an unannounced inspection which took place on Wednesday 9 October and Thursday 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 10 children using the service and 15 of their families
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- Children and families enjoyed a warm welcome each morning. Staff knew children and their families very well. Overall, children were happy and settled within their playrooms. Families were happy with the service provided to their children.
- Outcomes for children would be improved with a more systematic approach to planning to meet children's individual care, learning and development needs.
- Children experienced a clean and well-maintained setting with plenty of space to play indoors and out. The outdoor area needed to be made safe and adequately supervised at all times.
- In order to improve outcomes across the setting, a systematic and robust approach to quality assurance needed to be applied.
- The service provider needed to look at the numbers of staff in the service and continuity of care across the day to ensure that children's needs were met at all times.

**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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

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

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 1.1: Nurturing care and support

Children and families were welcomed warmly into the setting each morning. Staff recognised the importance of using this time to chat with families to get to know them and their children. Therefore, children received care and support from staff who knew each child and their family well. At times, they were responsive to children's individual needs. However, these individual needs were not documented consistently in children's individual personal plans and review arrangements for these plans were inconsistent (see area for improvement 1).

Staff understood the importance of a focus on children's emotional wellbeing. Most staff were warm and nurturing to the children in their care, offering cuddles and gentle interactions to settle and comfort children to make them feel safe and secure. Children were confident in exploring the playrooms.

Effective links were in place with external agencies to support children requiring additional support. However, a more consistent approach to staged planning was needed to ensure interventions were recorded and staff had the information they needed to ensure they could provide the right support at the right time to help children to reach their potential.

Children enjoyed healthy snacks and lunches. Children were familiar with the snack routine and could experience some opportunities for independence. Staff could have improved children's experiences by being more enabling and ensuring children sat safely whilst eating.

The children in the baby room were familiar with the lunchtime routine and were eager to go to the table to wait for lunch. During our visit, children did not eat much but staff assured us that children had eaten well at snack.

The lunchtime routine for children aged two years had recently been changed and staff and children were still becoming familiar with this. Lunch was served in three sittings. The waiting time for children in the second and third sittings was not managed well and some children became upset. However, this routine was under continuous review and we were reassured that this would be addressed quickly.

Children ate well and experienced some opportunities for independence. Staff appeared somewhat task-focused but we accepted that the new routine would take time to tease out to ascertain what worked well and what needed to improve. Overall, the lunch was calm and unhurried, almost all children sat well and were learning good table manners. Staff could have provided more opportunities for independence through supporting children to carry out tasks themselves rather than doing these for them, for example serving and cutting food and wiping faces.

Cosy and quiet areas had been established indoors and outdoors where children could choose to rest and have some quiet time to support their wellbeing. The sleep routine for the youngest children was not responsive to children's needs with all children being put down to sleep immediately after lunch. The older children were able to choose when/if they wanted to have a sleep and new procedures had been introduced to ensure this was carried out safely. The use of buggies to help some children to sleep did not comply with best practice guidance around safe sleeping (see area for improvement 2).

Staff were responsive to children's nappy changing and toileting routines. Nappy changing was carried out respectfully and in line with best practice guidance.

Staff had been trained in child protection and were confident in their responsibilities for safeguarding children.

Procedures for the storage and administration of medication were under review and we noted that staff were in the process of returning those medications no longer required. We advised that the best practice guidance is being revised and that staff should receive training when it is issued to ensure medication is stored and administered safely.

Appropriate records were in place to highlight those children requiring medication with allergies, dietary requirements and/or food intolerances. However, more needed to be done to ensure staff were familiar with this information, particularly those staff on snack/lunch duty.

### **Quality indicator 1.3: Play and learning**

Staff understanding of child development, theory and practice needed to be refreshed. At times, staff interactions with children did not reflect their age and stage of development, particularly around behaviour expectations and activities and resources offered (see area for improvement 2).

Children were able to make choices and to some extent lead their own play but this was limited by the environment and access to quality experiences and activities. We discussed examples during the inspection including art, rice cereal, lack of sand and paint sticks in 0-2 room. Staff were encouraging children to share and take turns but needed to factor in their age and stage of development to get this right for all children. Play experiences were not always personalised or sufficiently challenging. While children were free to choose activities, their options were limited by a lack of suitable resources. There were limited provocations to support creativity and imagination and to engage children's interests. While staff showed an interest in children's play, there were missed opportunities to extend their learning.

Staff were keen to reinstate opportunities for play and learning within the local community, which had been halted as a result of staffing constraints.

Recent changes to the playroom layout, routine and staff deployment meant children and staff were becoming familiar with a new routine. Staff told us they could see these changes were beginning to have some positive impact but accepted that more work and time was needed to embed this more fully.

During our observations, children were engaged at times but this was not consistent. Staff needed to be supported to ensure there was more meaningful and purposeful engagement, particularly at transition times, as these were not well-managed and resulted in some children becoming frustrated and upset.

While we were able to see that children were making some progress in their learning and development, there was insufficient evidence to show that staff were confident with observing and assessing children to evidence and record their progress. Although children's learning journals contained some recorded observations of children's learning and development, these were inconsistent and did not highlight when/if next steps had been followed up. The local authority had well-established and comprehensive procedures to assist with recording and tracking children's learning and development, but these had not been implemented within this setting (see area for improvement 3).

Planning for learning was at a basic stage and needed to be developed to improve outcomes for children. The planning process needed to take account of child development, best practice documents, reflect children's ideas and interests and demonstrate how staff respond to and promote creativity, inquiry and curiosity (see area for improvement 3).

## Areas for improvement

1. To support children's care and wellbeing, the provider should ensure staff work with families to further develop children's personal plans. Plans should document their health, safety, wellbeing needs and individual care routines ensuring that this information is fully completed, kept up-to-date and reviewed as needed but at least once in every six months.

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 support children's wellbeing, learning and development, the provider should ensure staff access training appropriate to their role and apply their training in practice. This should include, but is not limited to, training in:

- (i) child development
- (ii) safe sleeping.

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).

3. To support children's learning and development, the provider should ensure that staff are supported to implement a child-centred approach to observation, planning and assessment of children's learning through play which:

- (i) takes account of child development and best practice documents
- (ii) reflects children's ideas and interests
- (iii) demonstrates how staff capture, measure and track children's individual progress. This should include how to record observations, set meaningful targets, identify and follow up 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, 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).

## How good is our setting?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Overall, the setting was well-maintained and clean, with enough space to meet children's needs to play indoors and outdoors. The accommodation was well-furnished and decorated to a satisfactory standard. Wall displays for children contained some lovely family photos but needed further development. Good quality furnishings and fittings were in place for children, but we noted a shortage of adult-sized small seats for staff.

Overall, there was a varied selection of play resources, which were well-maintained, but these need to be enhanced. Staff needed to be supported to plan and layout the playrooms more effectively to create enabling environments which would foster curiosity, imagination and creativity. Staff could have done more to involve children in setting up, caring for and tidying resources in a way that was age appropriate.

Overall, children were confident and secure in the setting and moved freely between playrooms. Staff were working together to find a better approach to offering children free flow access to outdoors. Risk assessments were under review. This task needed to be completed as a matter of urgency to ensure comprehensive risk assessments were in place and shared with staff to ensure they understood what was needed to keep children safe.

Children were able to access two outdoor play areas. One was small and manageable but lacking resources, while the other was large and more difficult to manage and supervise. The leadership needed to determine how outdoor play would be managed and resourced particularly when free flow was established.

There were better resources outdoors in the larger area but these could have been planned and laid out more effectively to improve outcomes for children. A large climbing frame and slide had recently been installed within this play area. We highlighted that this climbing frame was not age appropriate and was unsafe for use by the children attending the service. While the inspection was taking place, the apparatus was sectioned off with hazard tape and we were advised that it would no longer be used. However, a more permanent solution was needed (see requirement 1).

We found that there were an insufficient number of nappy changing facilities available to accommodate the number of children requiring to be changed in line with best practice guidance. Two were available but three were needed. During our visit, one of these was out of use pending maintenance, which resulted in only one changing area being available for children aged two years. Following the inspection, we were able to confirm that the maintenance issue had been addressed and both changing areas were in use (see area for improvement 1).

There were effective procedures in place to control and prevent the spread of infection within the service to protect staff and children but some improvement in how these were applied was needed. Children and staff demonstrated good hand washing practices and children were learning how this helped to protect them from germs. The addition of handwashing visuals within the children's toilets reinforced this. However, the pedal bins within the setting needed to be replaced, as they were too large for children to open without using their hands creating a small infection risk. Children did not always have their noses wiped promptly and more could have been done to help children to do this independently.

The setting complied with the local authority management and storage of personal information procedures.

## Requirements

1. By 31 December 2024, the provider must ensure children experience safe and high quality outdoor play. To do this, the provider must, at a minimum:

- (i) remove the climbing apparatus
- (ii) ensure the large outdoor area can be adequately supervised to maintain children's safety at all times.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## Areas for improvement

1. To ensure children experience nappy and toilet facilities which support their health, safety and welfare needs, the provider should explore the provision of additional nappy changing facilities, where needed, in line with best practice guidance.

This is to ensure that 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 state that: "If I require intimate personal care, there is a suitable area for this, including a sink if needed" (HSCS 5.4).

## How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We accepted that the provider had already identified many of the issues we raised at inspection in recent weeks, but we found that there had been inconsistencies in how the level of quality had been assured over the preceding months. The provider needed to understand why the level of input targeting improvement had not had the necessary impact on quality. We highlighted a need for the provider to measure the impact of its own departmental quality assurance processes, as well as those within the service (see requirement 1).

We found that the quality of the practice within the setting did not reflect the vision, values and aims of the service. Staff had not been supported to reflect on their practice in a meaningful way. It was agreed that the leadership team needed to ensure everyone involved in the service was aware of the aims and confident about their role in promoting these.

There have been some barriers to driving improvement and this has impacted negatively on the ability to deliver improved outcomes. Very recent changes which had been made to practice and the setting had not had sufficient time to be embedded and have an impact on children and families.



Children and families had not been well-informed about changes to the setting. The improvement plan had not been used consistently to inform improvement in the quality of the service for children and families. The culture of self-evaluation for improvement had not been embedded and, therefore, had not resulted in sustained improvements.

Leaders' failure to gather quality feedback from children, families, staff and stakeholders had prevented the service from making the necessary improvements at an appropriate pace.

There had been insufficient capacity and skill to support a programme of continuous improvement. There were significant gaps in the areas covered by the limited quality assurance systems in place. Inconsistencies in practice were not fully identified and did not highlight areas for improvement. Staff had become demoralised with leaders failing to motivate them and sufficiently challenge them to raise standards.

Staff had reflected on quality but not in a collaborative and systematic way and this had meant their reflections had not influenced positive change to outcomes for children and families. When changes had been implemented, they were often done in isolation and not underpinned by current thinking and best practice. Staff had not been empowered consistently to be able to drive and sustain improvement.

Arrangements for monitoring quality across the setting had been inconsistent. There were no formal processes in place for mentoring staff and best practice. Systems in place to audit procedures were not resulting in positive outcomes, for example accidents/incidents and medication.

The provider needed to ensure compliance with the Care Inspectorate notifications procedure. Outstanding notifications needed to be submitted at the end of the inspection.

## Requirements

1. By 28 February 2025, 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:

- (i) effective and focused monitoring is carried out across the setting
- (ii) robust audits are developed and implemented consistently, with actions identified addressed promptly
- (iii) the leadership team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Although we found that prescribed adult to child ratios were met across the day, there were not always enough staff available to offer high quality outcomes to children. For example, when staff were away doing other tasks. The use of supply staff to cover vacancies was having an impact on continuity of care for children and created additional stress for the core staff team. Keyworking arrangements were in place to promote continuity of care across the day, but some families had commented on staffing levels and their impact on the keyworking arrangements for their children. We found that supply staff had insufficient knowledge about children and were referring to children's folders which contained limited information (see area for improvement 1). The arrangements to keep children and families up-to-date with staffing were not applied consistently with some families commenting that they did not always know who was looking after their children.

During our inspection, the closure of one playroom to accommodate children's sleeping arrangements and staff lunch breaks had a negative impact on outcomes for children. This increased stress for staff with higher numbers of children in one playroom. Some staff communicated well with their colleagues throughout the day in a way that was sensitive to the needs of children. However, there were occasions when staff needed to be more vigilant in assessing risk. Improved communication would ensure that staff carried out all necessary tasks with minimum disruption to the children's experiences, especially when a task took them away from their responsibilities. This would enable staff to work well together to ensure effective supervision and positive engagement with children across the day (see area for improvement 2).

Staff discussed the importance of daily communication with families but reflected that chatting with families at handover and collection could impact negatively on their ability to offer quality outcomes for other children at this time. Some families were happy with these arrangements but a few felt that this time was rushed and that staff were "stretched".

During the inspection, we observed warm, nurturing and enthusiastic interactions between staff and children, but as staff become stressed at transition times and pressure points during the day there was a tendency for interactions to become more neutral.

The core staff team was very keen to engage with the inspection process and were open and honest in discussion. They recognised the need for improvement and were optimistic that quality would improve moving forward. Staff were positive about changes already made and were committed to providing improved outcomes for children.

The team had felt unsupported for some time and morale had been very low. The provider needed to act on its responsibility for promoting wellbeing within the staff team in attempt to improve morale and demonstrate to staff that they were valued in their roles.

Staff knew children and families very well and were very keen to make sure children were getting the right support to meet their needs. The provider needed to ensure that the appropriate processes and supports were put in place to allow this to happen.

## Areas for improvement

1. To support meet children's needs and deliver quality outcomes for children, the provider should ensure that:

- (i) there are enough staff in the service to meet children's needs across the day
- (ii) supports are put in place to promote wellbeing, consistency and continuity within the staff team
- (iii) arrangements are put in place and applied consistently to keep families up-to-date with changes to staffing arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15), "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15) and "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.16).

2. To support children's wellbeing and safety, the provider should ensure that staff understand the extent of their own roles in assessing risk and are aware of the roles of other workers in ensuring children are supervised at all times.

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).

## 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 management team and staff should ensure personal preferences and routines are recorded for each child. Purposeful individual observations and clearly identified next steps should be recorded for each child. Staff should ensure that spontaneous observations are carried out, where appropriate. This will give clear information on children's individual learning and support each child's keyworker in identifying individual next steps in learning for each child in their group. Children's personal plans should be reviewed every six months, or when appropriate with parents.

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).

**This area for improvement was made on 10 April 2019.**

## Action taken since then

We found that limited progress had been made on developing meaningful personal plans for children and on recording and tracking progress in learning and development.

**This area for improvement is no longer in place and has been incorporated into two new areas for improvement under How good is our care, play and learning?**

## Previous area for improvement 2

The outdoor area should continue to be developed to support positive outcomes for all of the children. The management team and staff should continue to develop opportunities for children to regularly access a high quality outdoor experience throughout the year. This development is supported by national policy and guidance.

This is to ensure that the quality of the environment 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), "As a child, I play outdoors every day and regularly explore a natural environment" (HSCS 1.32) and "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).

**This area for improvement was made on 10 April 2019.**

## Action taken since then

We found that the outdoor area needed some more development to ensure that it was age appropriate and could be adequately supervised.

**This area for improvement is not met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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