

Northfield/WillowbraePlaygroup Day Care of Children

Northfield & Willowbrae Community Centre 10 Northfield Road Edinburgh EH8 7PP

Telephone: 01316 615 723

**Type of inspection:** Unannounced

**Completed on:** 15 November 2024

Service provided by: Northfield/Willowbrae Playgroup Service provider number: SP2003003168





### About the service

Northfield/Willowbrae Playgroup is registered to provide an early learning and childcare service to a maximum of 30 children at any one time between the ages of 30 months and primary school age entry. Northfield/Willowbrae Playgroup is the provider. The service is provided within Northfield and Willowbrae Community Centre. The playgroup has their own dedicated room and enclosed garden. The service is next to local transport routes and near shops and schools.

# About the inspection

This was an announced inspection which took place on Tuesday 12 November 2024 between 09:45 and 15:00. We returned to complete the onsite inspection on Wednesday 13 November 2024 from 09:15 to 12:45. We gathered further information from the registered manager on Thursday 14 November 2024 via a Microsoft teams call.

To prepare for the inspection we reviewed information about this service. This included the last inspection report, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- received 18 responses from parents to our electronic requests for feedback
- received four responses from staff to our electronic requests for feedback
- spoke with and interacted with children
- · spoke with the staff team
- received feedback via email from two external agencies who work in partnership with the service
- observed practice and children's experiences
- reviewed documents relating to children's care and learning and the management of the service.

We provided feedback to the registered manager on Friday 15 November 2024.

## Key messages

Staff expressed warmth and genuine care towards children. This contributed to the creation of secure attachments with adults.

An insightful knowledge of child development and relevant theory was used by staff to identify children's individual needs, stages of development and to create tailored support strategies.

Child centred planning approaches were in place which reflected children's developmental needs and interests.

Distributive leadership was promoted as staff were empowered to take ownership of improvements to the service and initiate well-informed change. This helped to increase staff confidence and capacity to effectively support children.

Staff were passionate about their roles and dedicated to securing positive outcomes 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?	5 - Very Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very 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? 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 quality key question as very good.

#### Quality indicator 1.1: Nurturing care and support

Staff expressed warmth and genuine care towards children. As staff interacted with children, they positioned themselves at children's level, used a soft tone of voice and gently placed their hand on children's backs. Staff extended comfort towards children in the form of cuddles and, equally, children sought staff out when they needed help. This resulted in children feeling loved and developing secure attachments with trusted adults. Staff celebrated children's achievements by giving praise. This contributed towards children's self-esteem and confidence. Parents' comments included; "All staff are so warm and welcoming and genuinely care for the children and their family".

Children's emotional wellbeing benefited from relaxed, unhurried mealtimes. Individual needs were respected as staff accommodated children's pace for when they were ready to eat; for example, children who preferred to continue to play before joining their peers at the table. To help develop social skills, staff sat alongside children as they engaged in meaningful conversations. Children began talking about their surnames and this progressed onto conversation about middle names. Strong links had been established within the community as children were involved in purchasing ingredients. This included taking on the role of shopkeeper within a local supermarket to gain first-hand experience of scanning the shopping. Within this, valuable life skills were developed. Independence was promoted through self-selection from food platters. The service had plans to further increase children's sense of autonomy.

Personal plans reflected the wellbeing indicators and were completed in collaboration with children's parents. This enabled staff to value parents' knowledge in relation to children's individual needs, preferences and wishes. Staff used this information to help achieve a successful transition by promoting continuity of care and facilitating children's interests through play and learning opportunities. Staff were sensitively attuned to children's emotional needs and recognised the importance of children's transitional objects from home in the form of cuddly toys. We heard how children became less dependent on these as their sense of security within the service increased. The service had plans to develop the personal planning template and process to ensure information captured within children's personal plans was streamlined.

Staff used their insightful knowledge of child development and relevant theory to identify children's individual needs, stages of development and to create tailored support strategies. Strong partnerships had been built with other agencies, such as speech and language therapists. Staff worked alongside parents and external agencies to trial support strategies and reviewed the effectiveness of these to ensure they resulted in positive outcomes for children. Effective planning and skilful interactions had resulted in children achieving developmental progress. Staff made valuable contributions to assessments and influenced multi-agency decision making. This helped to ensure that decisions made reflected children's best interests and enabled children to achieve their full potential.

#### Quality indicator 1.3: Play and learning

Child centred planning approaches were in place which reflected children's developmental needs and interests. Staff had skilfully observed and made effective use of developmental assessments to help identify children's individual and collective needs. Fun play and learning opportunities were provided. Staff skilfully facilitated high quality interactions that extended children's thinking and widened their skills. For example, children had been supported to develop their fine motor skills. Staff provided children with the opportunity to take part in 'dough disco' where children moulded playdough in time to music. Children were empowered to lead this learning as they asked staff to help them to write words. This promoted children's language and literacy skills.

Where staff had intentionally planned for children's learning, this was always carried out within a child centred ethos. For example, to help children to settle into the service, staff had purposefully used the information gathered from parents about children's needs, preferences and interests to shape the design of the environment. Staff had created a video of the play spaces to share with the children at home. This helped children to look forward to their sessions and to be motivated to engage in purposeful play. A child had shared a photograph album of their family with staff. The staff team valued this contribution and extended it further by inviting all children to share photographs that were then displayed in the home corner. This resulted in the home corner becoming a meaningful play space where children made connections between their own first hand experiences and imaginary play. Children's sense of ownership and belonging within the service also increased.

Staff had skilfully observed and tuned into children's interests. For example, an interest in den building and fairy tales had led to provocations (the display of resources) which sparked curiosity to explore and stimulated sensory development. Staff skilfully facilitated storytelling, prompting children to recite phrases and enabled them to make connections with other familiar stories. Children were engaged and enthusiastic to learn. These child centred planning approaches resulted in children achieving developmental progress.

Children's learning was documented within online journals. Observations demonstrated staff's comprehensive understanding of child development and relevant theory by identifying children's needs along with relevant next steps. The service was committed to developing quality assurance processes to ensure that audits of children's observations captured the significance of children's learning. This would help further show staff's individual knowledge of children and tailored approaches to empower children to succeed.

#### How good is our setting?

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 2.2: Children experience high quality facilitates

The playgroup was housed in a community building. The staff team had worked hard each session to transform the play space into a welcoming, stimulating environment. Many windows enabled an abundance of natural light. However, staff had mindfully created more enclosed areas and added soft lighting in the form of lamps to provide children with a sense of privacy and cosiness. More neutral colours had replaced bright furnishings.

These all positively contributed towards children's emotional wellbeing and led to sustained engagement in play and learning as children felt comfortable. Children's creative work was attractively displayed along with a tree with celebratory comments about individual children. These all communicated to children that they mattered and increased children's self-worth.

Improvements had been made to the quality of the environment. Areas had greater definition which provided a sense of familiarity for children and increased opportunities for children to consolidate their learning through play. Inspiring provocations successfully engaged children's imagination and enriched their play and learning. Staff were committed to ensuring children were motivated to learn and, with this in mind, had introduced a 'choosing shelf' with new resources. This helped facilitate schematic play as children added resources, such as small world animals to the construction area. This empowered children to actively lead their play and provided breadth and depth to play experiences. The service was receptive to our advice to continue to incorporate more references to numeracy and literacy within each area to maximise opportunities to develop children's language, literacy and numeracy skills.

The service had identified improvements that needed to be made to the garden area to help increase children's safety. During the inspection, we required the service to accelerate the timescales for carrying out certain improvements. The service acted swiftly on our advice. This resulted in a more secure boundary in the garden and robust risk assessment. Moving forward, the service was committed to regularly reviewing the garden risk assessment. This would help to ensure that safety measures were effective in securing positive outcomes for children during outdoor play.

A clean, well maintained environment contributed towards children's health and wellbeing. A dedicated janitor helped to ensure that effective policies and procedures were in place. Staff had undertaken food hygiene training and applied this knowledge in practice. Children were familiar with personal hygiene routines, including handwashing before and after meals, which helped minimise the risk of infection.

#### How good is our leadership?

# 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 quality key question as very good.

#### Quality indicator 3.1: Quality assurance and improvement are led well

The vision for the service was influenced by staff knowledge of child development and attachment theory. Staff wanted children to feel secure and valued within the service so they were empowered to engage in purposeful play and learning. Similarly, parents wanted their children to experience nurturing relationships with staff. Our inspection findings demonstrated that this vision was meaningfully reflected in children's actual experiences and outcomes. Children had developed secure attachments with staff and effectively engaged in play and learning that led to developmental progress. Strong connections with parents, for example through engagement in personal planning, stay and play sessions and fundraising events resulted in a sense of belonging. This benefited children's emotional wellbeing and all round development.

An improvement plan was in place which led to continuous improvements. An area of focus was building positive relationships with children and families. Complimentary feedback from parents helped to demonstrate that this had been achieved. Where parents had provided more constructive feedback, the service had acted upon this. In this way, parents were actively and meaningfully involved in helping to shape the service.

We provided some suggestions on ways to strengthen improvement planning by using best practice documents to support more extensive reflective practice.

Staff were empowered to take ownership of improvements to the service and initiate well-informed change. This was achieved through distributive leadership and a coaching leadership style facilitated by the manager. This meant that regardless of the manager's presence or direct input, positive outcomes were more likely to consistently be secured for all children. The manager was insightful of staff's individual strengths and areas for development. There were plans to further enhance staff knowledge and skills of child development, relevant theory and best practice through increased training opportunities. The manager was also committed to further developing quality assurance processes so these were more robust and increasing opportunities for staff to receive formalised, constructive feedback on their practice. This would support the service's commitment to continuously improve outcomes for children.

Improvements driven by staff had resulted in positive outcomes for children; for example, those made to the quality of the environment. The improvement journey was documented in floor books. We provided suggestions on ways to develop this, so the process was more systematic and highlighted the desired and actual outcomes of any improvements made. The service was also receptive to our advice to collaborate more with children on improvements to the service. This would further demonstrate the service's commitment to upholding children's right to be involved in decisions that affected them and amplifying children's voices.

### 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 quality key question as very good.

#### Quality indicator 4.3: Staff deployment

Staff were passionate about their roles and dedicated to securing positive outcomes for children. This was reflected in their nurturing interactions and child centred planning approaches. Parents' comments included; "Friendly, caring staff, always feel my child is a priority to them"; "The staff have always put me at ease and made my children feel comfortable and thrive with the love and care provided" and "Learning experiences are personalised and linked to children's interests".

A reflective culture had been created amongst the team. Staff critically questioned their practice to ensure they were getting it right for children. Staff actively sought each other's perspectives and were receptive to constructive feedback. A flexible approach was used to adapt practice so this better reflected children's needs. Decision making was well-informed by a sound knowledge of child development, relevant theory and best practice.

A cohesive staff team resulted in a positive atmosphere which, in turn, benefitted children's wellbeing. Staff were present and emotionally available for children. Staff became immersed in children's play, for example facilitating skilful interactions while searching for minibeasts and enhancing children's hospital role play. Effective communication resulted in continuity of care and support for children which helped children to feel safe and ultimately achieve developmental progress. Staff deployment was effectively managed to reflect children's individual needs. For example, when settling children into the service, arrangements were made so each child's key person was allocated protected time to build meaningful connections with children. In this way, children felt valued and respected and understood that they could depend upon adults to be sensitively attuned towards and to meet their individual needs. For children moving onto school, transitions were well-planned to enable children's key persons to visit the school environment alongside them and spend quality time together in the classroom. By adapting to children's pace and accommodating their individual needs, children's confidence increased. As staff believed in children, children learnt to develop a growth, 'can do' mindset.

# 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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

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

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