

Woodlands Primary School Early Years Class Day Care of Children

Woodlands Avenue
Irvine
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Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2003044481

About the service

Woodlands Primary School Early Years Class provides a daycare of children's service to a maximum of 50 children aged 3 years to those not yet at primary school. At the time of our inspection, 58 children were registered with the service; across the morning and afternoon sessions, 51 children attended the service on the first day of the inspection and 53 on the second day.

The service is provided by North Ayrshire Council and is located in a residential area within the town of Irvine. It is close to local amenities, including shops and bus routes.

About the inspection

This was an unannounced inspection which took place on 28 October 2024 between 09:30 and 17:00 and 29 October 2024 between 09:30 and 16:30. Feedback was provided on 31 October 2024 between 09:30 and 11:00. Two inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children and seven parents and carers using the service
- received 22 completed questionnaires
- spoke with staff and the leadership team
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy and familiar with the setting as they played with their friends or chose to play alone.
- Improvements are needed to improve personal planning for children.
- Children had ample opportunities to enhance their language, numeracy, and maths skills.
- Play opportunities should be responsive to children's needs and interests.
- Safety measures overall supported children's welfare.
- High-quality play, learning experiences, and spaces should be improved to support children's curiosity and critical thinking.
- Quality assurance processes should be further developed, including monitoring and improvement planning.
- Overall, families agreed they had a strong connection with staff caring for their child.
- Staff deployment should be further considered to include staff's skills mix, routines, and activities of the day.
- Staff should have a planned training programme to support them in providing high-quality care and support 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.

Quality indicator 1.1: Nurturing care and support

Children were happy and familiar with the setting as they played with their friends or chose to play alone. Overall, families were happy with the care and support their child receives in this service, commenting, "My child is happy to attend and has formed good relationships with staff and some children" and "The most positive aspect for my daughter is that her speech and language has enhanced since starting the nursery and the learning of new things and experiences".

While staff's overall approach was warm and caring, there were instances, particularly during a small group activity and the lunchtime routine, where a more respectful and nurturing approach could have strengthened children's emotional support.

Children's privacy and dignity were promoted when they required support with personal care, such as a nappy change or needing help with toileting. These interactions nurtured children's security and confidence and supported positive relationships with staff. However, there were times when children were not changed promptly. For example, after they played or before they ate when covered in mud or paint or had wet clothing from being outdoors. As a result, not all children's wellbeing and comfort needs were met.

Overall, mealtimes were a positive social experience for children. Most staff recognised this time as a rich opportunity to promote close attachment and sat with children to keep them safe and engage in conversations. However, some staff occasionally left the lunch table, leaving children, affecting interactions and supervision.

While children had some opportunities to prepare snacks and develop life skills, and the food provided was healthy and nutritious, families we spoke to felt that communication about their child's daily diet could have been more effectively shared. This highlighted the importance of a purposeful record-keeping system and clear communication between staff and families.

Where children required additional support based on their identified needs, staff worked closely with their families to agree on the best ways to support them. This collaborative approach ensured that appropriate plans were in place, and staff were instrumental in helping families access relevant external support when needed. This contributed to children reaching their full potential.

Personal plans we sampled reflected children's individual preferences and health and wellbeing needs, and families were central to this process to ensure effective information sharing. These included set targets and strategies. However, we noted that strategies detailed to support children's communication and language were not consistently used in practice by all staff members, and some plans for children were not accessible during the inspection (see area for improvement 1).

Overall, medication management by staff supported children's health and wellbeing. However, we made suggestions on where this could be improved. For example, creams for personal care should be stored out of children's reach, and administration paperwork should include relevant information in line with best

practice guidance. This will ensure staff have the right information to keep children safe (see area for improvement 2).

Quality indicator 1.3: Play and learning

When indoors and outdoors, children took the lead in their play, showing their potential for creativity and problem-solving. An example was their use of various materials and tools to create collage pictures. This fostered their creativity and introduced them to mathematical concepts like 'short' and 'long' as they cut pieces of sellotape with scissors. Their initiative was further demonstrated when they asked for a toy hammer to enable them to push plastic pins into a pumpkin and when they used their imagination to role-play outdoors. The sustained engagement in these activities contributed to their development and the value they placed on play experiences.

However, child-initiated play was limited when children moved from the indoors to the outdoors. While the design of the playroom allowed for free-flow access, the door leading to the garden was stiff and difficult to manage. When some children asked if they could go outside at a time that suited them, they were asked to wait until staff were available and the lunch routine for all children was finished. This meant that play opportunities were only sometimes responsive to children's needs and interests.

Children had ample opportunities to enhance their language, numeracy, and maths skills during play, with staff playing a role in fostering these skills. For example, during a small group activity, children learned about positional language by placing an object 'next to' a chair. This group activity helped them follow simple instructions and take turns and highlighted the staff's commitment to their learning. Another example was when children made a spider's web, using tweezers to count the collected objects and learn about colours. Staff were on hand to support them. This experience also contributed to the development of their fine motor skills.

While planning for children's learning was recorded on wall displays in each play zone, there was a need for a more consistent approach to observing children's learning. This would have extended their play and interests and allowed for a more comprehensive sharing of children's progress with their families whilst transitioning to learning journals. The families we spoke to expressed a strong interest in staying connected and learning about their children's progress. However, they felt the information shared was limited, restricting effective partnership between the nursery and home and families' involvement in their child's learning journey (see area for improvement 3).

Areas for improvement

1. To ensure that all children receive nurturing care and support that is right for them and meets their needs, the provider and leadership team should review systems in place to support children's health and wellbeing. This should include but is not limited to, accessible plans for all children attending. Plans reflect children's current needs and set out how these needs should be met, and staff are skilled in implementing the strategies in practice.

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 ensure children's individual health and wellbeing needs are met, the provider and leadership team should ensure that medication procedures align with best practice guidance. This should include but is not limited to, ensuring all medication is stored safely and accessible but out of reach of children. Medication paperwork reflects guidance and is reviewed every three months.

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).

3. To support children in reaching their full potential, the provider and leadership team should enable staff to build on their awareness of child development to ensure children are supported to achieve the best possible outcomes. This should include but is not limited to, continuous learning and development on quality observations, assessing progress, including families as partners, and using this knowledge to inform their planning, which will further enhance this area.

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

There were safety measures in place to support children's welfare. These included secure boundary fencing and gates, registers, and a whiteboard to record children's attendance patterns. This ensured children's whereabouts at all times and kept them safe.

While the playroom layout and resources considered children's learning and development and included some children's interests. There was some room for improvement. For example, adding homely touches in the home corner and high-quality resources in the outdoor learning environment would create more welcoming and exciting play spaces, sparking children's creativity, curiosity, and inquiry. We encourage staff to visit other high-quality services. This will equip them with valuable insight and ideas for enhancing the quality of play spaces and ensuring that resources and materials further support children's learning (see area for improvement 1).

Parents had access to an entrance area should they need to speak to staff or each other, and a range of relevant and helpful information about the service, including staff photographs, was displayed for families. However, there was an opportunity to further engage parents by having them in the playroom at the start and end of sessions. This would create a more welcoming environment and help foster quality relationships and strong attachments for children.

Staff ensured the playroom was ventilated by opening windows. However, the thermometer showed the playroom was too warm for children's and staff's comfort. Although these concerns were previously reported to health and safety, records showing the service's actions were unavailable during the inspection (see area for improvement 1 in Key Question 3 'How good is our leadership').

Overall, improvements were needed in infection prevention and control procedures to minimise the potential risk of infection spreading. Implementing effective monitoring and refresher training for staff in infection control will support their practice and ensure a safe environment for children (see area for improvement 1 in Key Question 3 'How good is our leadership').

Areas for improvement

1. To ensure children consistently receive high-quality play and learning experiences that supports their curiosity and critical thinking, the provider and leadership team should improve the quantity and quality of play materials and resources available to children.

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.'

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 leadership team, receptive to feedback, was welcoming during the inspection. The eagerness to make improvements and promote good outcomes for children was evident. The staff team, including management, had recently changed due to staff absence and the change in the delivery service model in North Ayrshire. As a result, the service was in the early stages of reviewing and embedding systems to ensure children experienced a well-managed service.

To ensure service delivery is based on the needs of staff, children, their families, and the wider community, the current staff and leadership team should take ownership of their vision, values, and aims by revisiting and aligning these with their aspirations. This would empower the leadership team to steer the service towards its desired outcomes, showing responsibility and commitment.

The service plans for improvement were determined using a whole-school approach. Priority areas for improvement included opportunities for children to develop higher-order thinking skills, a child-centred approach to thinking, planning, and communication, and more opportunities for positive social interactions and relationship building. These priorities were in the early stages, and we agreed these areas hold great potential for improvement.

There were limited opportunities for staff to meet as a team and reflect on what they felt was working well and what could be improved. Including staff in more discussions would support self-evaluation and consistency in practice, leading to improvement.

We strongly encourage the leadership team to develop an action plan to address some of the points discussed in this inspection, including areas for improvement and ones identified from the last inspection. Staff, children, and their families should be actively involved in identifying service improvements. Their input is invaluable in ensuring that improvement plans are formed from the views, wishes, and aspirations of those directly involved with the service, making them feel included and valued.

Some quality assurance processes supported service delivery and children's safety, such as risk assessments, accidents, and incidents, which helped identify common or recurring concerns and actions to minimise risks. A quality assurance calendar would further support effective monitoring of children's personal plans, learning journals, and staff practice and reduce gaps found during the inspection to secure improved outcomes for children and families (see area for improvement 1).

Areas for improvement

1. To support continuous service improvement, the provider and leadership team should continue to develop their quality assurance processes, including monitoring and improvement planning. This should include but is not limited to, monitoring personal plans, staff practice, play spaces, planning for children's learning, medication, and infection control.

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 5.17) and '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.

Quality indicator: 4.3 Staff deployment

Overall, families agreed they had a strong connection with the staff caring for their child, commenting, "I have a good relationship with my child's key worker and another member of staff whom my child has formed a strong bond with" and "Everyone is friendly enough. I have attended two short meetings regarding my son's progress".

Staff levels were satisfactory to meet children's needs. However, there were a few instances, such as during children's lunchtime routine and when staff had a lunch break, where improvement in staff deployment could further enhance children's access to all areas of service provision. These adjustments would provide more play opportunities, thereby enriching children's experiences.

Staff were developing as a team, with satisfactory communication. However, there were a few instances when staff became too task-oriented, reducing opportunities for high-quality engagement and interaction with children. This identified the need for continuous improvement in staff communication and quality interactions to positively impact children's experiences and outcomes (see area for improvement 1).

Staff had undertaken suitable training for their role, and overall, policies and procedures helped keep children safe and protected. To support continuous improvement, staff should revisit training learned to refresh and improve their knowledge and skills and ensure practice reflects current best practice guidance (see area for improvement 2)

Professional development reviews would further support staff in focusing on what was going well in the service and improvements needed to support individual children and their professional development. This would promote staff morale and staff as reflective practitioners, which is beneficial for continuous learning and improvement.

The leadership team shared their plans to re-establish a model of distributed leadership. For example, staff members are responsible for specific service delivery areas and developing leadership skills. One example was having a communication champion to support children's speech and language development; another was a mentor's role to support practitioner students. We encourage staff at all levels to take on leadership roles. This would help them build their skills, knowledge, confidence, and resilience within the team.

Areas for improvement

1. To ensure children's needs are consistently met, the provider and leadership team should ensure that staff deployment considers the staff's skills mix, children's routines, and day-to-day activities.

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 to me' (HSCS 3.16) and 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

2. To promote high-quality care and support for children, the provider and leadership team should ensure all staff access a suitable training programme. Priority should be given to refresher training in child development, infection control, and data protection.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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

Staff should further develop children's "special books" and personal plans, to show what children have achieved and to involve children and their parents/carers in reviewing developmental targets.

National Care Standards for early education and childcare up to the age of 16 - Standard 3: Health and wellbeing.

This area for improvement was made on 18 January 2017.

Action taken since then

This area for improvement has not been met and has been reworded in Key Question 1: 'How good is our care, play and learning?'

Previous area for improvement 2

A more robust and systematic monitoring and self-evaluation system should be developed to support quality development and improvement.

National Care Standards for early education and childcare up to the age of 16 - Standard 13: Improving the service.

This area for improvement was made on 18 January 2017.

Action taken since then

This area for improvement has not been met and has been reworded in Key Question 3: 'How good is our leadership?'

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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