

# Playbarn Too Day Care of Children

Stevenson Education Centre  
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Fraserburgh  
AB43 9PJ

Telephone: 01346 512 590

**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2024

**Service provided by:**  
Playbarn Nursery Ltd

**Service provider number:**  
SP2004004812

**Service no:**  
CS2014325334

## About the service

Playbarn Too was registered with the Care Inspectorate on 14 August 2014. The service is provided by Playbarn Nursery Ltd. It is registered to provide a day care of children service to a maximum of 44 children aged 2 years to those not yet attending primary school. The nursery may operate between the hours of 7.00am to 7.00pm, at the discretion of the owner. There were 34 children present during the inspection visit.

The nursery is located in the centre of the coastal town of Fraserburgh, Aberdeenshire. It occupies adapted premises that were once a school and provides three playrooms equipped for the age groups of children attending. Each room has its own dedicated outdoor space. The nursery is close to the coast, the harbour, local parks and facilities in the community.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 November 2024 between the times of 09:00 and 16:15. 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 and complaints 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 and five of their parents/carers
- received 25 completed questionnaires from parents and staff
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Interactions from staff were kind and caring, promoting their confidence and self- esteem.
- Children were having fun, they were engaged in their activities and had opportunities to lead their own play.
- Children were able to access resources independently, supporting their choice and independence.
- The manager and staff were committed to providing a quality service which supported children and their families.
- Most staff had been with the service for some time and had developed positive relationships with children and their families.

## 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

We evaluated different parts of this key question as good and very good, with an overall grade of good. Several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality Indicator 1.1 - Nurturing care and support

Children's confidence and self-esteem benefitted from kind and caring interactions from staff. Staff knew the children and had formed positive relationships with them and their families. Parents all agreed they were happy with the care their children received. Their comments included, "All the staff know my child really well and is able to pass on information about my child's day" and "They are the most loving and caring staff. Always welcome the children individually in the morning and take the time with each child. I have a great relationship with the staff and love the care and time they have taken with my children".

Staff treated children with respect, giving them time to try to achieve independence before offering practical support. Children's dignity and privacy was promoted when children received personal care. This included giving support during meals or when visiting the toilet.

Children's health was supported by meals and snacks which adhered to current nutritional guidance. The meals were prepared in the nursery and were appetising to the children.

Opportunities for children to develop their independence were promoted through serving their own food or drink and clearing their plates. For most children the mealtimes were relaxed and sociable times when they could build relationships with peers and staff. Staff sat with the children while they ate, promoting their safety and encouraging participation in discussions which were mainly led by the children. Some of the older, more capable children were less engaged as the mealtime progressed. Staff discussed this with us and shared strategies they were trying to promote children's engagement.

There were comfy areas in each room to support children who needed to rest. Staff recognised the importance of sleep for children's wellbeing and supported this through the provision of low beds and bedding for tired children.

To support children's learning and development, information had been gathered from parents regarding children's interests, preferences and home routines. This was recorded in a personal plan for each child. Where it had been identified that children needed further support this was detailed along with the strategies being used in a further care plan. Staff had accessed this information and were confident in discussing individual children, their needs and the support being offered. This knowledge included children who did not have an additional care plan. We suggested that the strategies being used to support all children's learning and development should be recorded. This will enable staff to more accurately review and evaluate how the strategies of support are promoting positive experiences for children.

To promote positive outcomes for children through a continuity of care, good links had been made with other agencies that may care for the children. For example, local schools and health visitors or speech therapists. Children's safety and wellbeing was supported through staff understanding of their role in child protection and safeguarding.

### Quality Indicator 1.3 - Play and learning

Children were having fun. They were engaged in their activities and leading their own play. They could choose where they wanted to play and were able to independently access most resources. This supported them in following their interests and extending their play. Staff were responsive to children's interests, playing and engaging in discussions.

A relatively new system to support the planning of play experiences had been introduced. This included staff capturing children's voices through discussions and using this to influence the experiences offered. Staff were yet to become fully confident in this process. This meant there was not always a clear link between what children had shown an interest in and what was planned. Staff were observing children's experiences and recording them. These were shared on a digital platform supporting parents to be involved in their child's care and learning. The observations we sampled were good at describing children's experiences but did not always reflect their learning. The need for development in the planning, observation and assessment of learning had been identified by the manager. It was included in the services development plan and further training and support was arranged.

Children's skills in language and literacy were supported as staff supported children in recognising letters and to identify environmental print. Children's numeracy skills were promoted as they were encouraged to count, measure and compare. Staff interactions supported children to wonder and predict through questioning and discussions.

Strong connections to the local community had been formed, these supported children to feel valued and included in their community. This included visits to local fire station, care home and sheltered housing as well as use of local amenities such as parks and shops.

### 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 facilities.

Children were cared for in rooms which had natural light and were well ventilated. Two of the rooms had direct access to the outdoors and the younger children accessed their own outdoor play area from the main entrance. This further supported children's health and choice of how and where to play.

Resources were stored so that children could freely access them. This enabled them to follow their own interests and promoted their choice and independence. Resources were developmentally appropriate for children, promoting their safety. While most resources were well cared for, a few appeared worn or stained. For example, soft bodied dolls with stains. Space was at a premium within the service and some areas appeared cluttered, primarily the main entrance and cloakroom. The manager agreed to review this to minimise clutter where possible. This will ease cleaning and provide a more welcoming environment in these areas.

Risk assessments were in place and reviewed regularly by staff. These detailed any hazards as well as actions taken to reduce the risk of harm. However, the risk assessments we sampled did not always reflect the provision. For instance, one risk assessment mentioned fairy lights which were not currently used but

did not fully assess the use of blankets and cushions. Staff were trying to capture children's voice in the risk assessments in order to develop their awareness of risk and keeping themselves safe. However, where children's comments were recorded, they did not reflect the discussion of risk. We discussed these issues with the managers who agreed to review this with staff.

Infection prevention and control (IPC) measures were in place to promote children's health. These included appropriate storage and use of gloves and aprons and handwashing at correct times for staff and children. Staff were aware of the importance of IPC and their role in promoting this. They were quick to clean surfaces and replace any dropped cutlery at mealtimes.

Children and their family's privacy was protected by the secure storage of their information. Parents told us they were confident that their information was secure and treated confidentially.

## How good is our leadership?

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 3.1 - Quality assurance and improvement are led well

A statement of the vision, values and aims of the service had recently been reviewed by parents and staff and was displayed at the entrance. This supported everyone to know what was important to the service in order to meet the needs of children.

Parents told us they felt involved in the development of the service, comments included, "They always ask how we feel this can be improved and give us questionnaires to complete" and "I have been provided with opportunities to give meal/snack ideas my child would like and had forms to fill in with my child to ask them what they would like to do in the nursery and what their interests are. I think this is great they really try to cater for every child's needs and also may spark new interests in other children".

The manager and staff were committed to providing a quality service and reflected on their practice to identify where changes could be made. Regular team meetings as well as individual meetings with the manager supported this. These processes contributed to an atmosphere where people felt confident to make suggestions and initiate change.

The quality assurance processes were managed using a calendar system. This had recently been reviewed to streamline the procedure and make it more manageable. This had supported the identification of areas for development such as improving lunchtime experiences for children. However, it had not identified where there was development needed in the risk assessments or further consideration in staff deployment. Time was needed for the process to embed and become fully effective.

There were planned improvements taking place with current focus on the introduction of robust quality assurance system and developing the curriculum. The manager and staff plan to continue with these until they are having a measurable impact on children's learning and play experiences.

**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's wellbeing was promoted as there was enough staff to meet their needs throughout the day. This included when children were dropped off or picked up when time was allowed for staff and parents to discuss children's moods, experiences and needs.

This promoted effective information sharing which was used to support staff in meeting children's needs. A variety of methods extended the opportunity for communication including emails and other digital platforms and apps. Families told us they were happy with the communication from the staff with comments such as, "They hold open days to invite you in and see the environment the children play and learn in, which I think is brilliant. They also have parents' evenings and sometimes stay and play sessions. All these give us the opportunity to see how our child develops within the service" and "This (being welcome into the service) is an everyday thing, there's no rush to get my child out, if I want an update or have a question about something I always get a response there and then".

The manager recognised the importance of an established staff team to promote children's wellbeing. Absences were covered by relief staff who were familiar to children to support attachments and a continuity of care. At most times there was a good balance of skills and experience within the staff team. For one room this dipped at lunchtime when inexperienced staff were not confident in their knowledge of individual children to fully meet their needs. We raised this with the manager who agreed to take action to ensure children's experience was consistently positive.

Staff communicated with each other and worked well as a team. They were proactive in noticing when children needed support or encouragement and in moving to provide this. Staff treated each other with courtesy and respect promoting a positive, relaxed atmosphere which children enjoyed.

Children's safety and wellbeing was promoted through safe recruitment processes. An induction process was in place which supported staff to gain confidence in their role. Regular team meetings supported communication and provided opportunities to share skills and experiences.

**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?	4 - Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good



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