

# Colgrain Primary Pre Five Unit Day Care of Children

Colgrain Primary School  
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**Type of inspection:**  
Unannounced

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**Service provided by:**  
Argyll and Bute Council

**Service provider number:**  
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**Service no:**  
CS2003014635

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service registered with the Care Inspectorate on 1 April 2011.

Colgrain Primary Pre Five Unit is provided by Argyll and Bute Council. The service is registered to provide a care service to a maximum of 40 children aged from three years to those not yet attending school.

The service is based within Colgrain Primary School in Helensburgh. The accommodation comprises of two large playrooms for children, an appropriate changing area, children's toilets and an adjoining outdoor area.

Colgrain Primary Pre Five Unit aims to; "provide a safe, happy and purposeful environment in which all our children and staff feel happy and secure; provide resources which support all areas of the curriculum that are used purposefully to promote confident learners; develop relationships between the school, the home, the local community and outside agencies which are active and supportive of one another".

We are testing our new early learning and childcare quality framework for day care of children, childminding and school aged childcare. This inspection was included as part of the test. We have evaluated the service based on key questions and quality indicators linked to the framework. As this was a test, we will not be publishing the evaluations. More information about the quality framework and methodology can be found on our website [www.careinspectorate.com](http://www.careinspectorate.com)

## What people told us

We asked for parents/carers to contact us as part of the inspection process. However, despite several requests we did not receive any responses.

During the inspection, children chatted with us and told us about their favourite toys and activities.

## How good is our care and learning?

### 1.1 Nurturing care and support

We observed staff providing warmth by demonstrating affection, care and concern for the children and recognising the importance of helping to create a relaxed atmosphere.

Children's overall wellbeing was supported through effective use of personal plans, containing good information about children's needs. Some completed plans contained useful information on the wellbeing indicators. We discussed ways to support more parents/carers to provide information on how staff could meet their children's wellbeing needs. Staff discussed the importance of communication with parents/carers to keep them up-to-date with information on each child's personal care needs. This enabled them to tailor care to their individual needs and respond quickly, sensitively and compassionately to changes in children's lives.

Children had created their own rules for the service using their own words and were encouraged to develop shared ownership of the play and learning resources, as a way of fostering a sense of belonging in the

service. Children were encouraged to respect and look after resources and participate in tidying after themselves. In turn, staff needed to look at how they respected and valued children's paintings and artwork, as the drying rack was overfilled and artwork displays could be improved to promote learning and discussion.

All children get the support they need to reach their potential. Relevant staff work proactively with children, families and key agencies to identify appropriate next steps and strategies based on individual needs and prior learning where appropriate.

Staff discussed the importance of focusing on children's emotional wellbeing and intended to reintroduce Promoting Alternative Thinking Strategies (PATHS) to children. This is a puppet based programme which helps children build resilience and coping mechanisms.

At our last inspection, we observed some issues in relation to the safe administration of medication to children. The consent form completed by parents/carers did not ask them to confirm that the medication had previously been administered to their child and no adverse reactions were observed following the administration. Some changes had been made to the paperwork used by staff but the consent forms had not yet been updated. We were able to locate procedures for the safe storage and administration of medication to children attending the primary school but these did not specifically relate to best practice guidance for younger children. Different approaches need to be considered when administering medication to younger children receiving early learning and childcare (see recommendation 1).

A nutritious hot lunch was served within the playroom for some children. Others brought a cold packed lunch. (Staff needed to ensure that packed lunches were stored safely. These were stored outside on a trolley due to limited space available. During the inspection these were in direct sunlight. Staff needed to ensure that each lunch bag contained an appropriate ice pack before storing.) We observed children during lunchtime and found for some there were opportunities for a calm, sociable and pleasant lunch experience. However, children ate their courses at different times and some left the table to play while others remained seated to eat, which disrupted the coherence of the lunchtime experience. We have suggested that staff use the Care Inspectorate document Food Matters to explore ways they could improve the overall lunchtime experience.

We were satisfied that the service had appropriate infection control procedures in place to support a safe environment for children and staff. There were clear policies and procedures implemented to ensure consistent approaches across the setting. During our visit children were supported to understand the need for good hand washing through watching a fun video, singing songs and enthusiastically copying the actions.

## 1.2 Children are safe and protected

Through discussion, we confirmed that all staff had a clear understanding of their roles and responsibilities relating to keeping children safe and protected. They were proactive in keeping their knowledge up to date. Strong links and effective partnerships with other organisations were in place to ensure children's safety and wellbeing. Appropriate procedures were in place taking account of recently updated national guidance.

## 1.3 Play and learning

Children were happy, confident and safe. Most children were having fun and enjoying their learning and development opportunities. They were supported to learn independence skills, make choices and lead their own learning. Staff were building confidence in planning play and learning opportunities that would support

children's learning in a way that was responsive to children's observed and expressed interests, they valued the role of the P1 teacher in a partnership approach to this. Planning approaches were child centred and responsive to children's interests and life experiences. As a result, children were making good progress in their learning and development. Staff planned to reintroduce the use of floor books to capture the importance of the children's voices in their learning.

Staff were being encouraged and supported on the effective use of questioning to extend children's thinking, widen their skills, and consolidate their learning through play. They were developing confidence in using the Leuven scale. (This five-point scale allows childcare practitioners to measure children's 'emotional wellbeing' and 'involvement' - two vital components of learning, development and progress in children.)

Children were being encouraged to play co-operatively together, sharing resources and treating each other with respect. Several were developing friendships with their peers. Some children were highly engaged and motivated to lead their own learning, demonstrating focus and perseverance during our observations.

During our visit several children were observed to be quite passive and not becoming engaged in meaningful play. Staff needed to be more mindful of these children and this would be helped by improving the environment. More consideration needed to be given to how both playrooms were accessed freely to offer children balance and breadth in the curriculum. Staff needed to consider the importance of setting up the playrooms to offer more invitations and provocations for play and learning ensuring they focused on building skills. Playrooms needed to offer rich and varied experiences using the high quality resources available. Activities and resources needed to be presented more attractively in ways to stimulate children's imagination and creativity with a greater focus on using natural resources. Staff needed to ensure that the outdoor play area was appropriately set up prior to children accessing outdoors to ensure that their play and learning experiences were not disrupted.

Children were happy, confident and well cared for across the setting. Good relationships were observed between children and staff. Overall, children were observed making choices, free flowing from indoors to outdoors, leading their own play and learning with appropriate intervention, encouragement and praise from staff.

## Areas for improvement

1. The provider should ensure that age appropriate procedures for the safe storage and administration of medication are available in accordance with best practice guidance and ensure consent forms are amended to ensure parents/carers provide relevant information about first dosages of medication.

This is to ensure that the 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 staff team?

### 4.1 Staff skills, knowledge, and values

Staff most recently appointed to their posts were unclear about the induction procedure in place to support them in their roles. As part of their supervision arrangements, the headteacher should direct them to the Early Learning and Childcare Induction Resource which will furnish them with all the relevant information

they need on what to expect in their first few months in post, including the most up-to-date resources and best practice.

Staff supervision systems allowed for reflection on practice, skills and development needs. Staff received feedback and assessment from the leadership team, which set clear goals for developing practice and improving outcomes for children. The headteacher was keen to ensure that these linked in with the annual priorities for improvement detailed in the school improvement plan.

Staff had regular opportunities to meet both as a full school team and within their smaller room teams. We could see that a clear calendar of meetings was set out for the year detailing opportunities for professional dialogue around local and national best practice guidance, self evaluation and discussion of practice issues.

Overall, we noted that most staff were confident in their roles and keen to provide high standards to the children in their care. Overall, they worked well together as a team and were keen to offer a quality service to families within the community. Staff acknowledged that as a result of Covid-19 measures put in place, it had become more challenging to develop and maintain relationships with parents/carers but good arrangements had been put in place to mitigate this - including the use of Seesaw and regular telephone calls. (The Seesaw Family app can be downloaded by parents/carers giving them access to information from the setting and updates on their child's continuing progress.)

Staff had undertaken qualifications relevant to their roles and engaged in continuous professional learning. They were supported to plan and record their learning and development and were encouraged to consider the impact of their learning on their practice and on outcomes for children. Through discussion, we found that staff had a good understanding of how children develop and learn.

Where possible staff made good use of professional development opportunities that linked directly to enhanced outcomes for children and their own individual learning needs. The headteacher planned to link training to cycle for the school improvement plan taking account of best practice, national and local policy and the Health and Social Care Standards.

During the inspection we noted that staff treated children respectfully. We could see that children had positive relationships with staff. Staff knew children well and responded considerately and patiently to their needs, conversations and questions. Most staff were increasing confidence in using effective questioning techniques and interacted sensitively to promote independence and confidence in children, demonstrating a recognition of the importance of fun in children's play to enable learning to be taken forward.

### 4.3 Staff deployment

The leadership team recognised the importance of ensuring that the service was appropriately staffed during the day as essential to the wellbeing of children in the service. Staff felt valued and well supported and told us how effective use was made of the differing, experience, knowledge and skills of the team to ensure children's experience across the whole day was positive and that children were kept safe.

Keyworking arrangements were in place to promote continuity of care across the day and ensure positive transitions for children and communication with families.

Appropriate arrangements were in place to ensure parents/carers were advised of changes to the staff team, although this was still to be done for supply staff taking up post in the week of the inspection. The headteacher agreed that an announcement would be sent out on Seesaw to share this information with parents/carers.

The leadership team demonstrated an awareness of the need to effectively deploy staff within the service. Overall, staff communicated well with their colleagues, especially when a task took them away from their responsibilities. They worked well together to ensure effective supervision and quality engagement with children across the day. Ensuring children had access across both playrooms would improve engagement.

Appropriate arrangements were in place for mentoring and supporting temporary staff in place but these had not been formalised. The headteacher recognised the benefits a more formal approach to mentoring would offer staff and agreed to progress this.

## 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 service provider should ensure that the procedures for the safe storage and administration of medication are reviewed and revised in accordance with best practice guidance. The service provider should then ensure staff follow these revised procedures at all times.

National Care Standards Early Education and Childcare up to the age of 16: Standard 3 - Health and wellbeing.

**This area for improvement was made on 9 March 2018.**

#### Action taken since then

This recommendation had not been met and has been revised at this inspection.

### 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)

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