

Little Stars Nursery Day Care of Children

Little Stars Nursery
Kildean Business and Enterprise Hub
Drip Road
Stirling
FK9 4UA

Type of inspection:
Unannounced

Completed on:
21 November 2024

Service provided by:
Little Stars (Stirling) Limited

Service provider number:
SP2011011652

Service no:
CS2011299473

About the service

Little Stars Nursery is registered to provide a care service to a maximum of 94 children not yet attending primary school at any one time, of whom no more than 24 are aged under two years; no more than 30 are aged two-years to under three-years and; no more than 40 are aged three-years to those not yet attending primary school.

The service is located in Stirling and is based in a modern one storey building within Kildean Business and Enterprise Hub. The environment is comprised of four playrooms, each with a cloakroom and appropriate changing and toilet facilities. An office, reception area and kitchen are also available. There are enclosed outdoor areas directly accessed from the playrooms. The service is located near local amenities such as shops and parks.

About the inspection

This was an unannounced inspection which took place on 19 November 2024 between 10:15 and 16:15 and 20 November 2024 between 10:15 and 16:15. Feedback was given to the manager, depute manager and representative from the local authority on 21 November 2024. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with or received feedback from 27 of their family members
- spoke with staff members and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children experienced mostly nurturing care and support from staff that knew them well.
- The service should continue to improve children's mealtime experiences to ensure they are consistently positive.
- Quality resources supported children's creativity and problem solving.
- To promote children's safety the service should ensure risk assessments effectively address potential hazards.
- To ensure consistently positive experiences for children, quality assurance systems should be further developed.
- High staff turnover was impacting on children's experiences and outcomes.

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?	4 - Good
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. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

Quality Indicator 1.1: Nurturing care and support

The majority of children experienced warm, caring and nurturing interactions from staff. They enjoyed spending their time reading a story together or playing in the rooms. Staff offered reassurance and cuddles if children became upset. One parent shared, "The best part is the care and nurturing from the staff. The relationships my child has are special". This supported children to feel safe.

Some staff had recently undergone training to support positive attachments with children. Not all staff were confident to put this learning into practice yet. This meant that not all interactions were as nurturing and caring as they could be. To ensure children experience consistently nurturing approaches, the provider should ensure learning from this training is implemented effectively. This would further ensure children experience high quality care (**see area for improvement 1**).

Information to inform care was gathered for all children through personal plans. There were opportunities to share information with parents and almost all families told us that they felt involved in developing their child's care plan. Parents commented positively on the opportunities to discuss their children's care. One parent told us, "Personal care plan and parents' evenings have meant I can share his interests/likes and needs with staff". Information contained within these plans mostly supported children's individual needs. The service had worked hard to develop care plans since the previous inspection and ensure these were updated regularly.

At times, the information within children's personal plans was not easily accessible to staff. For example, key information to inform children's care was on many different forms. This meant that personal plans were not always clear and staff did not have easy access to information to support children's individual care. The service had identified this as an area to improve. To ensure children continue to experience care that meets their individual needs, the service should ensure personal plans are manageable and meaningful for children (**see area for improvement 2**).

Some improvements had been made to mealtimes since the previous inspection. Most children experienced relaxed, social mealtimes as they sat with their friends and staff and enjoyed eating together. There were some opportunities for independence, for example, some children were encouraged to pour their own drinks or serve their own food. Some children's lunch time experience was less positive when staff became task focused. This meant that not all children experienced a quality social experience. To ensure all children experience positive, social mealtimes, the service should continue to review and improve this experience for children (**see area for improvement 3**).

Children's health was promoted as appropriate systems for the storage and administration of medication were in place, including parental permissions, storage information and records of administration. Not all staff caring for children were aware of individual allergy needs. We suggested the service develop their approach to ensure they are aware of this information. This would further ensure that children's individual health needs are met.

Quality Indicator 1.3: Play and learning

Children were meaningfully engaged in their play in most rooms. They were confident to move around the play spaces freely across the service. This told us that they felt safe in the environment. Spaces both inside and out supported children to begin to lead their play and independently select resources of their choice. This supported children to explore happily and confidently in most rooms.

Keyworkers knew children well as individuals. One parent shared, "The staff in the nursery make the children's experience very positive, both of my children have formed very close bonds with many staff". Staff spoke confidently about children's interests, likes and dislikes. Parents said that they had opportunities to meet with their key workers. Electronic journals were in place to record observations of children's learning and experiences. The quality of observations of children's learning was at the early stages of development. The service should continue to develop this approach to ensure that observations are effectively used to plan for children's next steps in learning. This would support children to achieve.

Children's progress in numeracy was supported through the use of quality resources and interactions. For example, children explored measuring their height with a tape measure and staff supported this experience with effective questions and comments. We suggested the service continue to build on this approach across all rooms to ensure it is consistent.

The setting was at the early stages of developing their planning approaches. They used floor books in each area to record children's learning and share their experiences with each other. The service had recently focused on improving their approach to planning to ensure an effective balance of spontaneous and planned experiences for children. We encouraged the service to continue to develop their planning to ensure it is responsive and reflects children's current interests. This would support children to feel listened to, and that their thoughts and contributions were valued (**see area for improvement 4**).

Areas for improvement

1. To ensure children continually benefit from positive interactions, the manager should ensure that staff are trained and can implement approaches and interactions which reflect a sound understanding of attachment theory and nurturing support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

2. To ensure that children are included and their needs are met. Staff should review and revise children's personal care plans to further reflect the specific needs, wishes and choices of children and their families. This should include but is not limited to ensuring that information is clearly recorded and easily accessible to staff providing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guide for providers on personal planning: Early learning and childcare'.

3. The service should ensure that mealtimes are safe, enjoyable and relaxed social experiences where children can learn about healthy eating, and staff role model and support children's involvement in choices and preparation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

4. Staff should be supported to develop an understanding of how they can offer children play that is meaningful and interesting, and that helps them to achieve their potential.

This should include, but is not limited to:

- a) review and develop how staff plan children's play and learning;
- b) develop an understanding of how to provide resources and experiences reflecting children's needs and interests;
- c) ensure quality outdoor experiences for all children by increasing choice and resources to offer exciting, challenging and creative outdoor play opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting?

4 - Good

We evaluated this quality indicator as good, where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from a bright, well-ventilated and welcoming environment. A wide range of resources and experiences were available throughout the different rooms. Loose parts were effectively used in most areas to develop children's curiosity and problem solving. As a result, children were supported to develop their creative thinking and problem solving skills.

Children were cared for in four different playrooms depending on their ages and development needs. All rooms benefitted from direct access to the outdoors. Resources in some of the rooms reflected children's current interests. For example, dinosaurs in one room reflected children's learning. This supported children to feel listened to and valued.

The team had recently developed cosy, homely spaces in most of the rooms with some low lighting and cushions. The management team shared that this had been a focused area of development. We encouraged the service to continue to develop this to ensure that these spaces are available consistently across all rooms throughout the day. This would further promote children's emotional wellbeing.

Information about children was kept in a secure manner. Where this was stored electronically, there were passwords and systems in place. Sensitive information was only shared with those who needed it to meet children's needs. This meant, protection of children's information complied with relevant best practice.

Children's safety was mostly promoted by regularly reviewed risk assessments. We found some risk assessments that did not effectively highlight potential hazards. For example, there were not clear instructions of how children were supervised when they leave the main playroom in the 3-5 room to go to the toilet. We asked the manager to review this risk assessment and ensure it effectively addressed any potential hazards or risks to children. The manager took action immediately and updated this risk assessment. To ensure children's safety is promoted, the service should ensure risk assessments effectively highlight risks and appropriate mitigations (**see area for improvement 1**).

Children's health was promoted as effective infection and prevention control procedures were in place. For example, hand washing was promoted at key times such as before lunch or when coming in from outside. As a result, the spread of infection was minimised.

Areas for improvement

1. To ensure that children's health, safety, and wellbeing is not compromised, the provider should ensure risk assessments are effective and working as planned to maintain a safe environment and experiences for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My environment is secure and safe' (HSCS 5.17).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

Quality Indicator 3.1: Quality assurance and Improvements are well led

The staff provided a welcoming service, helping children feel safe and secure. An information board was on display in the main play area to welcome parents, share their feedback and highlight improvements that had been made. Staff communicated regularly with families. This promoted a sense of belonging for children and families.

There were some systems in place which had recently been developed to support continuous improvement, such as self-evaluation, audits and direct monitoring and support from senior staff. These were at the early stages of development and required time to become embedded. For example, some audits such as accident and incidents or ensuring that all staff were registered with the appropriate professional body were not yet embedded or effective. We asked the leadership team to continue with their plans to ensure quality assurance systems are manageable and support sustained positive experiences for children (**see area for improvement 1**).

Children benefitted from a team that was committed to improvement. For example, staff were receptive to feedback around mealtimes during the inspection and took action immediately to improve this experience for children. This supported improvements within the service for children.

An improvement plan was in place which was manageable and focussed on the areas for improvement and requirements from the previous inspection. Some actions had been taken on this improvement plan and there were some that still required addressing. The management should continue to develop this plan to ensure that improvements are at the right pace and manageable. This would ensure children benefit from a service that continually improves over time.

Areas for improvement

1. To ensure children experience sustained quality care and continued improvement, the provider should implement effective, robust and manageable quality assurance systems.

This should include but is not limited to:

- a) staff develop an understanding about the purpose of self-evaluation and the need to develop quality assurance and monitoring systems in line with current legislation and best practice;
- c) To ensure effective and robust audits are in place, including of accidents and incidents.
- d) To ensure that all staff are registered with the appropriate professional body within the agreed timescales
- e) To implement formal systems that support reflective practice across the setting.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

Quality Indicator 4.3: Staff deployment

The management team recognised and valued the importance of ensuring that the service was appropriately staffed throughout the day. Staff breaks were planned in a way that minimised the impact on children, while allowing staff to rest and be refreshed. Staffing levels allowed for staff to support children's individual needs where required. The manager used agency staff members to ensure there were enough staff in place to ensure supervision of children as they played.

High staff turnover meant that some children and families had not yet built strong relationships with staff members. One parent shared, "High staff turnover means that there is often staff in the room that I don't recognise, of which they don't really seem to be proactive and involved. The regular staff always seem extremely busy and sometimes feels like they are stretched a little thin". As a result, children did not always experience continuity of care. The manager and provider recognised this and were actively recruiting for staff and considering ways to reduce staff turnover.

The setting ensured that adult to child ratios were met in relation to their conditions of registration. Staff were mostly proactive in recognising gaps and ensuring effective supervision and quality engagement with children. We found that this was not always consistent and encouraged the senior leadership team to work with the staff team to review this. For example, at times, some staff did not deploy themselves effectively to promote quality interactions and good supervision. To ensure children experience quality interactions and good supervision, the provider should ensure that children's continuity of care is well considered (**see area for improvement 1**).

A range of training opportunities were available. Staff spoke confidently and valued recent training opportunities around child protection and planning for children's learning. They spoke confidently about the learning that they had taken from this and were beginning to consider the impact this had on outcomes for children. An induction process was in place for new staff. Some staff spoke confidently about this process. We suggested the manager further develop this process to ensure that all staff have a mentor and that the process offers opportunities for staff to reflect on practice together. This will mean that staff will feel enabled to reflect on and improve their practice to improve outcomes for children.

Areas for improvement

1. To ensure children experience a range of experiences, quality interactions and effective supervision, the provider should ensure that staff are deployed effectively throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 5 August 2024, the provider must ensure that children are included and their needs are met by staff reviewing and revising children's personal care plans to further reflect the specific needs, wishes and choices of children and their families.

This should include, but is not limited to:

- a) each plan should include strategies of support that are meaningful and reflective of home routines;
- b) staff should be fully informed of this information to support appropriate interactions to help children achieve their full potential; and
- c) all information must be reviewed at least once in every six month period or sooner if there are any changes to a child's care, welfare or safety.

This is in order to comply with Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guide for providers on personal planning: Early learning and childcare.'

This requirement was made on 11 March 2024.

Action taken on previous requirement

All children now had personal plans in place. These plans contained children's likes, dislikes and any specific care needs. Children's home routines were respected and valued, for example individual sleep routines reflected children's home routines. Plans were updated and reviewed regularly with families. Almost all families felt involved in developing and updating children's personal plans. This supported families to feel valued and respected.

Key information to inform children's care was contained on many different forms. This meant that personal plans were not always clear and staff did not have easy access to information to support children. The service had identified this as an area to improve. The service should continue to develop this to ensure all children experience individualised care and support.

This will now be re-written as an area for improvement.

Met - within timescales

Requirement 2

By 5 August 2024, the provider must ensure they have developed and implemented effective and robust quality assurance systems and processes to improve outcomes for children.

At a minimum, they should ensure:

a) staff develop an understanding about the purpose of self-evaluation and the need to develop quality assurance and monitoring systems in line with current legislation and best practice;

b) to offer all children high quality care, play and learning experiences that promote positive outcomes, the provider should ensure managers regularly observe, review and evaluate staff interactions and practice with children;

c) effective and robust audits are in place, including but not limited to, the management of medication and auditing of accidents and incidents;

d) self-evaluation processes are developed and include, but are not limited to, the development of formal systems that support reflective practice across the setting. This will enable staff to continually reflect on and improve practice in a way that supports continuous learning focused on improving outcomes for children; and

e) priorities identified in the improvement plan should reflect areas for improvement identified in the inspection.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 4 Welfare of users (1) (a) (b) (d) and Regulation 15 Staffing (b)(i)(ii).

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)

and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Staff were developing an understanding of the purpose of self-evaluation and the need to develop quality assurance and monitoring systems in line with current legislation and best practice. For example, audits were introduced to monitor key areas of practice and to support improvement. Training with the local authority and the use of national guidance was building on staff's confidence to self-evaluate effectively.

The current improvement plan reflected the areas for improvement and requirements from the previous inspection. This supported focused improvements which were beginning to impact positively on outcomes for children.

Some systems had been recently developed and put in place to support continuous improvement, such as self-evaluation, audits and direct monitoring and support from senior staff. These were at the early stages of development and required time to become embedded. We asked the leadership team to continue with their plans to ensure quality assurance systems support sustained positive experiences for children.

This will now be re-written as an area for improvement.

Met - within timescales

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 would benefit from training to support an understanding of attachment theory and positive interactions to support the wellbeing and nurture of children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

This area for improvement was made on 11 March 2024.

Action taken since then

The management team organised and ensured that staff were able to attend training around attachment theory. This supported staff's understanding of nurturing interactions and positive attachments. Not all staff were confident to put this learning into practice yet. We suggested that the manager continue to offer this training to new staff and ensure that the learning from this impacts positively on children's care.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that mealtimes are safe, enjoyable and relaxed social experiences where children can learn about healthy eating, and staff role model and support children's involvement in choices and preparation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

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

This area for improvement was made on 11 March 2024.

Action taken since then

Some improvements had been made to mealtimes since the previous inspection. Most children experienced relaxed, social mealtimes as they sat with their friends and staff and enjoyed eating together. There were some opportunities for independence, for example, some children were encouraged to pour their own drinks or serve their own food. Some children's lunch time experience was less positive when staff became task focused. This meant that not all children experienced a quality social mealtime.

This area for improvement has not been met.

Previous area for improvement 3

Staff should be supported to develop an understanding of how they can offer children play that is meaningful and interesting, and that helps them to achieve their potential.

This should include, but is not limited to:

- a) review and develop how staff plan children's play and learning;
- b) develop an understanding of how to provide resources and experiences reflecting children's needs and interests; and
- c) ensure quality outdoor experiences for all children by increasing choice and resources to offer exciting, challenging and creative outdoor play opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 11 March 2024.

Action taken since then

Staff had recently attended training to support their understanding of how to plan for children's learning and experiences. Resources in the play rooms were beginning to reflect children's current interest and needs. For example, a recent interest in mark making was supported by resources in the room such as markers and pencils. Children had fun as they explored outside, running and climbing on the climbing frame. This supported children to be active and benefit from regular fresh air.

The service had recently focused on improving their approach to planning to ensure an effective balance of spontaneous and planned experiences for children. This was at the early stages of development. We encouraged the service to continue to develop their planning to ensure it is responsive and reflects children's current interests. This would support children to feel listened to and valued.

This area for improvement has not been met.

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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