

Polkemmet Daycare Limited

Day Care of Children

Lairds Lodge
Polkemmet Country Park
Whitburn
Bathgate
EH47 0AD

Telephone: 01501 228 490

Type of inspection:
Unannounced

Completed on:
27 January 2025

Service provided by:
Polkemmet Daycare Limited

Service provider number:
SP2017012983

Service no:
CS2017360068

About the service

Polkemmet Daycare Limited is registered to provide a day care of children service to a maximum of 28 children not yet attending primary school at any one time, of whom no more than nine are aged under two years. The service is in partnership with West Lothian Council to provide funded childcare to eligible children.

The premises forms part of a courtyard building located in the grounds of Polkemmet Country Park in West Lothian. It consists of two playrooms, toilets, a kitchen, cloakroom and a secure garden area. Daily 'adventures' to the woodland helped children to develop lifelong habits to enjoy being outdoors, enhancing health, wellbeing and confidence. Some families chose the service because it was located within the country park.

About the inspection

This was an unannounced inspection which took place on Wednesday 22 January 2025 between 09:00 and 16:30 and a second visit on Thursday 23 January 2025 between 09:30 and 16:45. The inspection was carried out by one inspector 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 and observed children using the service
- received written feedback from three parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The outdoor environment in the country park provided a wealth of open ended natural resources. This offered children limitless possibilities to be creative thinkers through exploration and discovery.

Staff engagement with children was warm, kind and nurturing. This helped children to feel valued, loved and secure.

Staff worked proactively with other professionals to identify appropriate next steps and strategies based on individual needs.

For children's current health, welfare and safety needs to be fully met, the provider should continue to develop children's personal plans and management of medication procedures.

For all children to develop and learn at an appropriate pace, staff should be supported to further develop planning. This would enable them to plan experiences in line with children's interests, while supporting children's specific next steps to enhance progression in learning.

There was a strong ethos of continuous improvement which was enhancing the delivery of quality practice, which led to improved 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - 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?

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 1.1: Nurturing care and support

Children were valued and respected by nurturing staff who prioritised their needs. As a result, they were settled and happy. Positive relationships between staff and children meant that children felt confident to express their views and ask for support. Similarly, children's views in respect of personal care, were listened to. For example, when staff asked if they would like to get changed and they declined, their choice was accepted. This enabled children to influence the pace of their day and continue their play, uninterrupted.

Staff knew children's individual wellbeing needs well. This helped to provide the right support for each child at the right time. For example, knowing about a child's interest in dinosaurs and using this to help them settle when feeling upset.

Children's safety, emotional security and wellbeing was supported through sensitive sleep arrangements. Routines reflected individual children's needs and family wishes and promoted good habits around sleep. Regular checks were carried out and recorded by staff to ensure children were safe when they slept. Parents were informed of when their child was sleeping through daily use of an online App. This helped to promote effective routines and continuity of care between home and nursery.

Relevant staff worked proactively with children, families, and other professionals to identify appropriate next steps and strategies based on individual needs. This meant that children were getting the extra support needed to help them to reach their full potential. However, not all parts of the personal planning approach was managed consistently. For example, registration information, health needs, personal routines and preferences were not regularly reviewed with children and families. This meant that children's current needs and interests were not reflected in plans to support their wishes and choices. We signposted the service to the best practice guidance; Guide for Providers on Personal Planning Early Learning and Childcare (Care Inspectorate, 2021) **(see area for improvement 1)**.

Management should improve medication procedures, in line with the best practice guidance; Management of medication in daycare for children and childminding services (Care Inspectorate, 2024). As a result, practice would be effectively benchmarked to help keep children healthy. For example, when children present with health conditions, these details should be recorded to include the reason for medication, symptoms, and communication agreements with parents. A stepped approach to giving medication, and procedures to take should the child refuse medication, or symptoms worsen would help to keep children safe. The personal plan, and individual risk assessment where appropriate, should be updated when the child's health conditions change **(see area for improvement 1)**.

Independence was promoted at mealtimes as staff encouraged children to self-serve then clear away plates. Staff sat with children to support their social skills and understood children's dietary needs to help keep them safe. Water was available throughout the day to keep children hydrated. Moving forward, the service could consider a rolling lunch. This could limit disruptions to children's play, offer more choice, and help to make preparation for mealtimes a more relaxed experience.

Quality indicator 1.3: Play and Learning

Children were happy and having fun as they independently explored the wide range of experiences on offer. They were curious, busy and purposeful in their play. Children's enjoyment of numeracy and literacy was enhanced through books, singing, discussions and easy access to resources which they naturally selected when playing. Letters, numbers, print and signs throughout the premises provoked children's natural curiosity and recognition.

Loose parts and natural materials were available inside and outdoors for children to develop creativity and imagination skills. For example, children were using clay in the woods to create art on the trunk of the trees. Open ended dressing up clothes allowed children to be creative, rather than a preconceived outfit which limits imagination. In the role play area children were making flavoured tea leaf and petal tea. One child advised, "It is just pretend so don't drink it." A parent told us, "The experiences my child gets at Polkemmet are invaluable and they love attending, which I feel speaks volumes."

To help develop digital skills, children benefited from a variety of opportunities to use technology. Examples included, using an interactive board to write, draw and play games, and using cameras to take photographs. Moving forward, staff could develop their interventions to ask effective questions which could challenge and extend children's thinking and consolidate their learning in play.

Importance was placed on families being given opportunities to be involved in their child's learning and the life of the service. Examples included home links for families to take part in yoga activities, a newly introduced lending library and book bug sessions. This showed that staff recognised the importance of engaging families to impact on the quality of children's learning experiences.

The service was at the beginning of developing their planning approach to be more responsive to children's interests. Planning was in place to support children's interest in birds, which was sparked by hearing the owls in the woods. To complement this, management planned to develop the floor books in partnership with children. This should provide opportunities for children to revisit, reflect on their learning, and be involved in deciding future planned experiences (**see area for improvement 2**).

Moving forward, staff should focus on considering children's skills and achievements. This should help them to assess children's progress. Staff should then develop their skill to identify and focus on children's next steps in learning and how to use this information to inform the planning cycle. Improvements in planning and more focus on children's next steps in learning should support staff to ensure there is sufficient breadth of learning across the core areas of the curriculum (**see area for improvement 2**).

Areas for improvement

1. For children's current health, welfare and safety needs to be fully met, the provider should continue to develop children's personal plans. This should include, but not be limited to, registration information, health needs, personal routines and preferences.

Health Care plans, for children who require medication should clearly inform of the stepped approach to administering medication, and procedures to take should symptoms worsen. All plans should be regularly reviewed with children and families.

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. For all children to develop and learn at an appropriate pace, staff should be supported to further develop planning. They should consider how they evaluate the impact and outcome of activities children participate in. This would enable them to plan experiences in line with children's interests, and with more focus on supporting children's specific next steps to enhance progression in learning.

This should include current national practice guidance to deliver high quality play and learning experiences. Staff should then apply their training in practice to improve outcomes for children.

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 and employment if this is right for me' (HSCS 1.27).

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

A warm, welcoming, and well organised environment had been created for children. Recent training had supported staff to develop their understanding about the important role that environments contribute to children's play and learning. As a result, learning spaces were well defined offering a breadth of opportunities. Thought had been given to make the setting respectful and inviting. The newly developed block area was especially popular with children and there was an interesting curiosity suitcase with old telephones to provoke children's thinking. Enclosed cosy spaces with soft furnishings and low lighting, offered spaces for children to rest and relax.

The service is located in the grounds of Polkemmet Park. Outdoor learning was a strength of the service with daily 'adventures' to the woodland. Helping children to develop lifelong habits to enjoy being outdoors, enhancing health, wellbeing and confidence. Children were learning to be responsible citizens caring for the environment through litter picking and feeding the birds. Children were also learning to risk assess without impacting on their play. For example, children were enjoying sliding down a large boulder. Some families chose the service because it was located within the country park. A parent told us, "The nursery is situated within a country park so they have, and use, the vast outdoor space available to them. They use the natural resources the play and learn and use the weather and seasonal changes to their advantage."

Strong community links supported children to have a sense of belonging to, and appreciation of their local community. This included, working in partnership with 'Friends of Polkemmet' to engage in experiences, such as pond dipping to explore the wildlife that lives in the pond. This helped children to learn about their local environment and appreciate the natural world.

Management were committed to continually improving the setting. For example, soft door closers had been introduced as a safety precaution to protect children's fingers from being trapped. Measures were in place to minimise the spread of infection. Attention to detail would improve this further. For example, children did not wash their hands after eating, and children came into the playroom with muddy wellies which made the floor unclean.

Management should monitor infection, prevention control practice to ensure it is of a high standard at all times to help to keep children healthy (**see area for improvement 1 in key question 3, How good is our leadership?**).

The entrance cloakroom was small. Management were considering how they could enhance facilities for children to have space to change their outdoor clothing and footwear with ease. This could also reduce clutter around children's coat pegs and provide them with an organised place for their belongings. This would help children to feel respected and valued.

During the inspection, the temperature of the nappy changing room and children's toilets dropped below an acceptable level to ensure that children were warm and comfortable when using these facilities (**see area for improvement 1**).

Areas for improvement

1. To ensure children are kept warm and comfortable when using toilet and changing facilities, the provider should ensure that the children's toilets and nappy changing area are kept to a comfortable temperature at all times. To achieve this, they should forward plan in line with weather forecasting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

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

Management had created a shared vision of what was important in the setting, in partnership with parents and staff. The values of the service were evident in practice and reflective of children's experiences. For example, a main value was outdoor learning. Similarly, value-based practice of care, attachment and love was prioritised. Management set clear expectations to ensure that values were embedded to enhance experiences and outcomes for children. A parents shared, "Management are always looking for ways to improve the service, but as I tell them it's great the way it is!"

There was an emerging ethos of distributed leadership with staff having responsibility in leadership roles. For example, one staff member was training to be the health and wellbeing leader. Continued delegation of priorities to staff could extend knowledge to bring about further positive changes to outcomes for children and families.

Quality assurance, including a self-evaluation and an improvement plan, were in place and led to continuous improvement. The management team worked well together to raise standards and address where support could be given to staff, when necessary to improve practice. This positively impacted on children's experiences and outcomes. For example, monitoring of staff engagement with children during mealtimes. This had resulted in staff prioritising sitting with children throughout lunch time.

This helped to support social skills and to closely observe children when eating, to keep them safe. Management could consider how to record progress made when actioning improvement priorities. This would help them to clearly demonstrate how improvements had led to change to enhance outcomes for children.

Moving forward, to meet children's care and learning needs, management should focus on auditing and monitoring areas where gaps were identified at this inspection. For example, audits of management of medication in line with guidance, and monitoring of children's personal plans and learning journals. Similarly, to reduce the risk of spread of germs, infection, prevention control procedures should be monitored to enhance staff practice **(see area for improvement 1)**.

Areas for improvement

1. To meet children's care and learning needs, management should audit and monitor areas where gaps were identified at this inspection. This should include but not be limited to:

- audits of management of medication in line with guidance
- monitoring of children's personal plans and learning journals
- infection, prevention control procedures to enhance staff practice
- the temperature of children's toilets and changing area.

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

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 key question as very good.

Quality Indicator 4.3: Staff deployment

There was a mix of staff skills and experience within the team. Staff changes had been well managed. As a result, newer staff felt well supported and had developed positive working relationships. This contributed to the kind, caring and respectful environment that children experienced. Staff were aware of children's preferences and where they wanted to play. They worked well together to remain responsive to children's interests and positioned themselves to where they needed to be. As a result, children enjoyed choice and uninterrupted play for most of the day. Parents spoke highly of the staff team and told us, "We feel that staff are invested in our child's wellbeing and development, there are frequent communication between us and the staff," and "I have always felt that my child's key workers understand their personality and needs. They always do handover and keep me updated about my child's day."

Management focussed on staff training, monitoring and support. This helped staff to feel confident and use initiative. Newer staff were observed leading the woodland adventures safely and confidently, enhancing children's learning through skilled interaction. For example, discussing the life cycle of daffodils as one child spotted some beginning to grow.

Management recognised and valued the importance of ensuring that the service was appropriately staffed throughout the full day. They were available to support during times of absences and staff breaks and at busier times, such as mealtimes. This helped to ensure that children's needs were fully met and that they were kept safe.

An induction programme was in place to support new staff using the best practice guidance: Early Learning and Childcare - National Induction Resource (The Scottish Government, 2019). Moving forward, management could support staff to reflect deeper and record their learning from research. This could support them to identify how they intend to use learning to enhance outcomes for children.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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