

Sunnyside ELC Day Care of Children

Erskine Street
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Type of inspection:
Unannounced

Completed on:
4 February 2025

Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Service no:
CS2003043743

About the service

Sunnyside ELC is a day care of children service provided by Clackmannanshire Council and is located within Alloa. The nursery is situated within Sunnyside Primary School building with access to their own enclosed outdoor space and the school grounds. The nursery is registered to provide a day care of children service to a maximum of 66 children not yet of an age to attend primary school at any one time. Of those 66 no more than 15 children are aged two to under three.

The service is situated close to some local amenities such as, local shops, parks and nature walks. Children are cared for in a designated space, they have access to the dining hall, their own toilet facilities, large open plan playroom with kitchen area, office space and additional rooms for group activities.

About the inspection

This was an unannounced inspection which took place on Monday 03 February 2025 and Tuesday 04 February 2025 between 09:15 and 15:30. Two inspectors carried out the inspection. 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.

In making our evaluations of the service we:

- spoke with children and five family members using the service
- spoke with the manager and staff team
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were cared for by a passionate and dedicated staff team who wanted to get it right for them.
- The service provided regular opportunities for the children to explore their local community.
- Staff regularly attended training opportunities that supported their practice in developing learning experiences for children.
- Children were not always kept safe from infection control procedure within their learning environments.
- Quality assurance systems should be improved to ensure they were effective in auditing, monitoring and reviews of processes.
- Children's needs were not always consistently met. The provider should support the staff team to ensure they meet all children's needs.

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?	3 - Adequate
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 found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as good.

Quality indicator 1.1 Nurturing care and support

Children experienced caring and loving interactions from a dedicated staff team. Friendly staff welcomed children and their families into the service. This contributed to a positive ethos where children settled happily into the service. A parent told us, "My child is very well cared for, I feel they are safe and I trust everyone who looks after them". As a result, positive relationships with families were formed.

Personal plans were in place for all children. Plans gathered important information, such as medical needs and strategies to support children to thrive. These were aligned with current legislation. All about me information was displayed in children's learning books. Children reviewed these and updates recorded. For example, what children like to do, what their dislikes are and how they like to be comforted. This helped children to feel safe, valued and listened to.

Children's needs were not always effectively met. Whilst staff shared specific strategies to support children to meet their needs, they were unable to effectively carry these out. Staff were seen to use these strategies such as, regulation boards to help children in the moment, however they were often taken away to support other children. The management team shared they were looking at ways to help support staff to ensure children's individual needs were consistently met. We would encourage the service to continue with these plans. This would help children to thrive at a pace that is right for them. (See area for improvement one in QI 4.3)

Medication was stored appropriately within the service. Parental signatures and important information was gathered prior to medication being administered. Regular audits took place, for example to check if medication had expired. As a result, we were confident medication would be managed and administered safely. This contributed to keeping children safe.

Mealtimes were sociable and provided children with opportunities to build their independent skills. For example, self-serving their own meals, pouring their drinks and clearing their spaces when finished. A dedicated snack area within the playroom enabled children to go and eat when they wanted to without disrupting their play. Children at lunchtime were split into two groups to help support some children who benefitted from a quieter mealtime experience. A large group of children had their lunch in the school dining hall. Although, this supported some children with their transition to school, this was not beneficial for all children. For example, some children became unsettled when they finished their meal, and we saw children walking around with their plates while eating. We sign posted the service to Good practice guidance; prevention and management of choking episodes in babies and children. Staff sat with the children and engaged them in conversations which promoted attachments and their language skills. We would encourage the service to continue to enhance their mealtimes to ensure children are provided with a relaxed mealtime experience.

Children were kept safe by confident and knowledgeable staff in child protection procedures. Annual training was completed and refresher discussions took place regularly.

The service had established good links with other services and were proactive when reaching out for support when needed, for example social work teams. Chronologies were in place for individual children, where significant events or changes to their lives were documented. This helped staff to provide appropriate care and support when required and build a wider picture of the children's lives.

Quality indicator 1.3 Play and learning

Children had good opportunities to lead their own play and learning. Most children were happy and engaged in their play both indoors and outdoors. Resources mostly promoted curiosity and imagination through the use of some loose parts and real life experiences. For example, pots and pans, pine cones and small bricks. They were easily accessible and at children's height. This allowed children to have choice and freely explore their learning environment.

Children had opportunities to develop their language, literacy and numeracy skills. These were natural woven throughout the indoor environment. Visual prompts and signs supported children to make independent play choices. We saw staff using signs and symbols to support children with their understanding and communication skills. There was scope to further develop these opportunities within the outdoor environment. The service had identified this as part of their quality assurance process and were planning for improvement. This would provide children with different experiences to develop essential life skills through their interests and play.

Planning approaches were child centred and were responsive to children's interests. Staff meet regularly to plan for play spaces and share ideas. We highlighted children's views and opinions could be further developed throughout the planning process. This would contribute to children's ideas being respected and valued.

Children had ownership of their learning books. These were easily accessible to them and they were encouraged to mark make their ideas within these books. Children were confident to share their learning with visitors and they were encouraged to take them home to show their families. This allowed children to celebrate their successes and achievements.

Observations taken of children's learning were not consistent in quality across the staff team. Some were descriptions of activities and not focused on individual learning. We discussed with the management team ways in which they could further support staff to improve this area of practice. This would support staff with identifying meaningful next steps and help children to flourish and thrive.

Children had opportunities to build meaningful links within their local and wider communities. Regular visits to the forest allowed children to explore parts of their day in different environments. For example, exploring their natural world and fundraising for their new outdoor sandpit. As a result, children had meaningful interactions within their communities.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality indicator 2.2 Children experience high quality facilities

Children benefitted from a large play space with plenty of natural light and ventilation.

They could freely move between the indoor and outdoor environments. Secure entry supported staff to know who was in the nursery. As a result, children were kept safe and protected.

Children had limited areas in which they could comfortably rest and sleep. A review of the environment would support staff to develop these spaces further to allow children a space to sleep comfortably without restricting other children's play.

The playroom opened directly onto the outside play area. This area offered children opportunities to develop their risky play. For example, the use of a tree tyre swing, larger loose parts and open-ended resources. Children were seen to be exploring the outside play area throughout the day. Consideration should be given to placements of loose parts. This was identified in the last inspection, and the area for improvement made in relation to this will be continued.

Risks were assessed and reviewed annually in the form of risk assessments. These detailed the level of risk, hazards and how to minimise risks. Risk assessments supported the service to help keep children and staff safe while they attended. For example, when carrying out home visits, going to the forest or individual risk assessments. We discussed dating when risk assessments had been reviewed with the management team. This would support staff to know what is the most up to date risk assessment to follow.

Children and staff were put at risk as Infection prevention and control measures were not always effective. Staff should consistently support children when using the toilet space. For example, children's hand washing routine and to ensure resources were not taken into the toilet cubicles. Staff should ensure potties, mops, buckets, nappy bags, gloves and personal belonging are stored appropriately. This would ensure children are kept safe. The learning environment including the toilet area required effective cleaning and refreshment. For example, flooring including carpets had rips, tears and dirt, walls had paint peeling and broken toilet seats restricted the use of toilets. This impacts children's overall health and wellbeing and put them at risk of infection. (See requirement 1)

Requirements

1. By 01 December 2025 the provider must ensure that appropriate and effective infection prevention and control measures are in place. To do this, the provider must, at a minimum, ensure that:

- a) staff support children with handwashing
- b) effective cleaning of environments are carried out daily and toilets are appropriately cleaned after use
- c) environment quality assurance systems are put in place to support infection prevention and control monitoring
- d) appropriate storage and labelling of children's belongings within the toilet area is in place
- e) appropriate storage of personal protective equipment and cleaning equipment is in place
- f) broken or damaged resources and equipment are promptly replaced or fixed including flooring and walls.

This is to comply with Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

How good is our leadership?**4 - 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 good.

Quality indicator 3.1: Quality assurance and improvement are led well

The management and staff fully engaged with the inspection process and were responsive to any suggestions we made. This demonstrated their capacity for improvement and their commitment to ensure children's outcomes and experiences were improved.

The service had vision, values and aims in place. These were reviewed with staff, children and families. Staff shared they were looking at ways to include new families and children to the service to ensure the vision supports all families. This helped children and families feel valued and included.

Children and families were meaningfully involved in the service. Stay and play and pop in parents, provided families with opportunities to spend time with their children. Families views were gathered and respected. A parent told us, "we love the stay and play sessions they are really fun". Another parent shared, "I am always asked my opinions and whether I agree with it or not". As a result, families felt included in their children's nursery learning journey.

The service had recently introduced home visits for children who were due to join the service. A parent told us, "the home visit was a lovely touch for my child to see who their teacher was going to be". In addition to this staff had developed the children's voice and opinions further, where the children chose their key worker. Staff shared that children settled into the service quickly and confidently with making these changes. Staff had worked hard to improve these transitions for children and families to ensure they had good experiences from the start of their nursery journey.

Quality assurance systems were in place that supported the services improvement journey. Actions required to be completed throughout the year were broken down into monthly and termly tasks. For example, the monitoring and auditing of medication. Staff have access to the quality assurance document and is reviewed with the team at the end of each term. We discussed ways to develop staff involvement further. For example, providing staff with copies of the calendar used as a working document they can add to. This would develop staff confidence when making improvements to support positive outcomes for children. We highlighted some gaps in the auditing process, for example accidents and incidents had missing parent and carer signatures. The management should ensure these processes are improved to ensure appropriate information is gathered and available. (See area for improvement one)

A meaningful improvement plan was in place and part of the whole schools improvement journey. Identified areas were developed further to ensure they were relevant to children in the nursery. A short, medium and long term plan supported staff with prioritising tasks. For example, interactions with children was a short term goal and had been completed and evaluated. Identified areas for improvement were meaningful and relevant to ensure children's outcomes and experiences were improved. Staff were involved in evaluation discussions at the end of every term. This helped staff to identify what was working well to ensure children had progressed.

Areas for improvement

1. To ensure children are kept safe the provider should ensure consistent effective and robust quality assurance processes are in place.

This should include, but is not limited to, monitoring and auditing of policies, procedures, risk assessments and accident and incident

- A) monitoring and auditing of policies and procedures
- B) monitoring and auditing of risk assessments
- C) monitoring and auditing of accident and incident procedures to ensure they are followed correctly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - 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 good.

Quality indicator 4.3 staff deployment

Children were cared for by a kind and caring staff team. Staff have developed respectful and trusting relationships with children and their families. A parent told us, "All staff are so welcoming, greet you with a smile and there for you anytime you need. Another parent shared, "I get on very well with the staff members I come into contact with". As a result, families felt valued.

Staff deployed themselves well throughout the service to ensure areas were monitored. We saw staff consistently tried to support all children when they needed. This at times became challenging and as a result not all children's needs were consistently met. Staff shared that they work hard to find solutions but they required more support. We discussed with the service to ensure all children were being supported appropriately and at a pace that was right for them. (See area for improvement one)

Children were supported by a team who worked and communicated well together. Staff stepped in to support each other, sharing if they were leaving an area or if they needed cover. Staff told us that they felt overwhelmed at times and did not always feel appropriately supported. We shared this with the management team and signposted them to the Safe staffing programme: Information for ELC on the Care Inspectorate HUB to help support staff wellbeing.

Children benefitted from a staff team who had a mixture of skills, knowledge and experience. Staff were passionate and committed to improve outcomes for children. They were confident to take lead roles in different areas, for example outdoor learning to support children's wellbeing. Regular training session provided staff with opportunities to improve their practice. A staff member shared with us about training they had attended, "It has helped support my approach". This contributed to improving children's learning experiences.

Areas for improvement

1. To support children's wellbeing, learning and development the provider should ensure children's needs are consistently met.

This should include, but is not limited to:

- A) ensuring staffing levels are appropriate and meet the needs of children in their care
- B) strategies set out in children's personal care plans are consistently used
- C) staff feel supported and listened to.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which stated that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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 continue to work together to ensure the environment is safe for all children including, for example, giving consideration to the placement of loose parts in the garden.

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 5.19): and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 14 June 2023.

Action taken since then

Some resources within the outdoor learning environment had been moved that were identified at the last inspection that presented risk to children's safety. New resources added to the outside space were placed in areas that presented further risk to enable children to leave the service. Further consideration of placement of loose parts and resources were discussed with the staff team to ensure children's safety.

This area for improvement has not been met and carried forward in this inspection report.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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