

Glenbervie Kindergarden Carrongrove Day Care of Children

Unit 4
Carrongrove Road
Falkirk
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Telephone: 01324 555 551

Type of inspection:
Unannounced

Completed on:
13 February 2025

Service provided by:
Glenbervie Kindergarden Ltd

Service provider number:
SP2013012234

Service no:
CS2015337216

About the service

Glenbervie Kindergarden Carrongrove is a day care of children service. The provider is Glenbervie Kindergarden Ltd. The service operates from a building that is on one level. Children have access to an entry area, dedicated playrooms with individual garden areas for outdoor play and learning. Toilets and nappy changing facilities are accessible within the playrooms.

The service's conditions or registration are;

Number(s) and Age(s) of person(s) to whom service may be provided:

1. To provide a care service to a maximum of 59 children not yet of an age to attend primary school at any one time. Of those 59 children no more than 12 children are aged under 2 years.

No more than 15 are aged 2 to under 3 years

No more than 32 are aged 3 to those not yet of an age to attend primary school.

The service is close to local amenities. They work in partnership with the Falkirk Council to deliver funded places for children.

About the inspection

This was an unannounced inspection which took place on Wednesday 12 February between 09:00 and 17:30 and Thursday 13 February between 08:00 and 15:30. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with ten children using the service and five of their parents/carers. We also received 20 responses to our electronic questionnaire
- spoke with ten staff and management
- observed practice and how children's routines and play were supported
- reviewed documents
- Spoke with visiting professionals.

Key messages

- Children benefitted from kind, caring and nurturing interactions with staff.
- A welcoming environment promoted an ethos of respect where positive relationships with parents supported partnership working.
- There were several documents in place that contained Information about children. Streamlining the systems would have all information in one place and give an overall view of children's learning and development.
- Staff were going to be supported with how they recorded observations about children so they were meaningful and supported their continued progress..
- Quality assurance systems should be further developed of the service to measure the outcomes of change.

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?	5 - Very 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 this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator 1.1: Nurturing care and support

There was a positive ethos within the service which meant a culture of respect and inclusiveness had been created. Children experienced positive interactions from all staff and we saw they had developed nice friendships with each other. Children therefore felt valued as the supportive interactions meant their well-being was catered for. Parents shared "It doesn't matter which staff member welcomes you, they all know the names of children." And "Friendly staff who take time to know my child very well and know their individual personality and needs."

A range of information had been gathered about children's individual needs. Where needed, this was used to develop care plans to support children's health needs. For example, allergies were detailed, and any medical requirements were clear. Monthly checks ensured information was up to date and meant changes were responded to quickly. As a result, children's health needs were effectively managed.

Staff talked knowledgeably about children's individual needs and routines which they supported them throughout the day. Children benefitted from this consistent approach as they were cared for in ways that were familiar to them. We saw that staff were responsive to children's moods, changing needs and non-verbal communication. If needed, children had their comforters which offered them reassurance. Approaches to personal care were carried out in a respectful and caring way. They were listened to as staff always asked for permission before carrying out personal care.

Personal plans, learning journals, adventure books and an online app contained information about children. These formats help keep parents up to date about their child/ren. There was mixed views from parents about personal plans. They shared "My child's only been attending for a few months but they gathered all the relevant information and queried any changes to update plan." And "We have never seen a plan for our child. Observations/snapshots are added sporadically to the app." While we were satisfied children's needs were being met, we discussed how the systems could be more effectively used to show children's learning and development. Streamlining where information is recorded would make it easier to access. The review process could also be further developed to show progress children have made and how their changing needs are being planned for. Plans were in place to work alongside the local authority to develop this, so it was more meaningful. While most parents felt involved, a few would like more opportunities. Parents would like "Regular feedback on child's progression." And "I would like more development updates, maybe a wee parents meeting every so often."

Meal and snack times were relaxed and sociable for children. We saw children had opportunities to develop their self help skills. For example, older children served themselves at snack time, poured their drinks and tidied up when they were finished. Younger children were encouraged to choose what they wanted from visual prompts. These opportunities should be extended to involve children in the whole process. For example, preparing food for snack. In addition, we noted that not all children had knives. Staff should ensure cutlery was in place so they could learn to cut up food if needed. They should also consider when tasks are carried out at mealtimes so children are supervised while eating.

If children required medication, we confirmed the system in place followed best practice. This meant it was stored safely with appropriate information recorded. A monthly audit system ensured records were regularly checked and updated to ensure children's health needs were met.

Quality Indicator 1.3: Play and learning

Children benefitted from well organised environments where a range of activities supported their learning and development. They were able to make choices as play materials were stored at their level. Open ended resources and activities helped children use their imagination, curiosity and investigation. As a result, children were busy as they led their play. In the questionnaire, children said "There's lots to do there (nursery). I like the teachers, they are very kind. I like the show and tell days. "During their play children said 'That's a crocodile and that's a hedgehog' as they made the noises of the animals they played with.

During play, all staff interacted with children at their level. They responded to children's interests as they read stories, sung songs or supported play outdoors. Literacy and numeracy opportunities were encouraged through play. For example, fun games in the baby room promoted early vocabulary. Parents shared "Lots of themed activities, painting, messy play, story time and sing-a-longs." And "Different sensory play is my child's favourite - the tuff tray is usually set up with something fun." And "Play is certainly interesting and fun for them and they learn about different celebrations throughout the world, i.e. making a big Chinese dragon to celebrate Chinese new year which my child absolutely loved."

The toddler room and explorers benefited from direct access to an outdoor area. The babies were a short distance from the playroom. Children had opportunities to play outside where they developed their physical skills as they ran around and benefitted from being in the natural environment. We asked the service to promote more 'free flow' opportunities for children to go outdoors.

Planning to support children's learning, interests and development were being developed. How documents were used varied between rooms. For example, in some instances, the activities that would help children achieve were noted. Staff should continue to be supported to develop a consistent approach to planning. They need to ensure experiences are relevant and personalised for children. This would enable them to assess the impact on children's learning and identify 'next steps' for their continued progress.

Observations were not recorded often enough or used effectively to impact on children's learning. Management had identified this as an area for staff development and plans were in place to support them. Staff should develop the use of observation to record relevant and significant information about children. Understanding how they link to planning will further promote a child-centred approach. Experiences provided should then extend children's interests and encourage them to reach their potential.

How good is our setting?

5 - Very Good

We evaluated this key question as very good, where major strengths impacted on positive outcomes for children.

Quality indicator 2.2: Children experience high quality facilities.

A warm, welcoming and well organised environment had been created for children. Appropriate resources that suited their development and learning were organised in each room. They were stored so that children could easily choose what they wanted to play with. Children had positive experiences as staff listened to

them and supported their choices which influenced the pace of their day.

A safe environment was promoted by staff undertaking daily safety checks. The rooms were maintained throughout the day with spillage swept up. While measures were in place to minimise the spread of infection, attention to detail would improve this. For example, using the pedal to open bins and washing hands after carrying out tasks such as wiping noses. Staff should refer to guidance so they are familiar with the expected practice. Outdoors hand washing could also be included as part of this.

Established procedures for maintenance were in place which meant any repairs were promptly addressed. We saw that equipment was in a good state of repair and suitable for children.

Each room had an enclosed garden areas. The baby room area would benefit from being reorganised, so children had more space to play in. The manager advised a review of the large equipment in the garden was planned. Parents shared "My child loves playing in the garden and they try to get them outside as often as possible. They will also go outside when it's wet and get wrapped up which I think is good."

The service was safe and secure as staff knew who was entering the building. Appropriate measures were in place to store information securely.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator 3.1: Quality assurance and improvement are led well.

To support improvement, formal and informal ways of quality assurance and self-assessment were in place. Observation of staff practice, role modelling and audits had been used to monitor the work of the service. This had helped identify what was going well and areas for development. To support sustained improvement, we advised measuring the data gathered from monitoring. It will make the process more meaningful as it will determine the level of competence across the staff team. An accurate assessment of performance will enable target areas for improvement to be identified. Whole team development will lead to improved outcomes for children and families.

While parents felt they could share their views, some said they did not have opportunities to do so. Comments included "I haven't been asked for feedback." And "I think all parents are encouraged to help by doing things like these surveys and they always take feedback well or suggestions if we have any." Consideration should be given to increasing opportunities to capture parent's views. This will contribute to the development of the service and meet family's needs.

Children's voice was captured in floor books as they shared ideas about activities. They could say what skills they were developing and what they were learning. Staff should continue to develop these opportunities, so the outcome of children's input is recorded.

An improvement plan was in place and staff had contributed to the development of transition procedures. They talked knowledgeably about the changed procedure and how it had improved children's experiences. For example, a longer time frame and child led approach meant change was managed at the child's pace. Parents shared "The transitions between rooms has been excellent." Staff should continue to contribute the

self-evaluation process. To enhance their contribution, leadership roles could be considered as staff develop their skills and experience.

Staff contributed to the development within each room. For example, changing the layout to improve children's experiences. Moving forward, they should assess the impact of change to ensure the desired aim is being achieved. Recording examples that have promoted positive outcomes for children will help staff develop their skills in assessment. It will support reflective practice and enable continuous improvement as staff develop confidence in evaluation.

To continue the improvement journey, the management team should continue to develop and embed quality assurance at all levels. We advised signposting staff to relevant guidance which would enable them to develop their skills and knowledge in self-evaluation. This will help them measure the impact and outcome of changes made. It will contribute to the overview of how the service is performing and enable gaps in provision to be addressed.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator 4.3: Staff deployment

Changes to staff roles, deployment and new team members had been well managed. It meant there was a mix of skills and experience across the service. The staff team was more settled and developing teamwork within each room. This contributed to a shared ethos as they developed positive working relationships.

The pattern of staff attendance promoted continuity of care across the day. Staff communicated with each other and had a flexible approach if they needed to leave an area. This meant children continued to be appropriately supervised. At busier times, routines had been established which promoted children's safety. For example, at lunch time, an extra member of staff helped prepare and set up meals. As a result, children's routines and needs were supported. Parents shared "There are always the correct number of staff. And the kids seem to know all staff regardless of how often they are in their age room with them or not."

Team meetings and access to training were used to develop the staff team. These opportunities helped identify staff skills, areas of interest and supported professional development. As a result, some staff were keen to develop in their role. The development of skills and knowledge across the team will strengthen the provision. Children and families would therefore benefit from a well-supported and trained staff team.

The service followed safe recruitment procedures which ensured children were cared for by staff who had the right skills, experience and qualifications. The induction process could be improved so staff competence is more fully assessed. The national induction resource is a comprehensive document aimed at supporting early years staff in their role. The service advised they had started to use this. Arrangements for staff absence were in place as they mainly used staff from other services in the organisation.

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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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