

First Steps Day Nursery Day Care of Children

Allandale View
Glasgow Road
Longcroft
Bonnybridge
FK4 1QN

Telephone: 01324 876 949

Type of inspection:
Unannounced

Completed on:
27 November 2024

Service provided by:
First Steps Day Nursery

Service provider number:
SP2003002664

Service no:
CS2003011443

About the service

First Steps Day Nursery is a day care of children service registered to provide a care service to a maximum of 65 children at any one time, age from birth to those not yet attending primary school.

First Steps Day Nursery is a privately owned service situated in Longcroft a few miles from both Stirling and Falkirk in Central Scotland. The service is in partnership with Falkirk Council to provide funded places for children aged 3 years to an age to attend primary school. The building is a self-contained two-storey accommodation. The ground floor is currently being used to accommodate the children attending. There are two playrooms operating, a separate sleep room, kitchen, toilets, staff room and office available. The large fully enclosed garden provides opportunities for children to be active.

About the inspection

This was an unannounced inspection which took place on 26 November 2024 between 09:30 and 16:00 hours and 27 November 2024 between 09:30 and 12:30 hours. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- observed children using the service
- received feedback from ten families
- spoke with the staff and management team
- observed practice
- reviewed documents.

Key messages

- Children experienced warm and nurturing approaches to support their wellbeing.
- There were inconsistencies in the quality of personal plans and medication records.
- Parents were warmly welcomed into the service to drop off and collect their children.
- The premises offered a calm, warm and welcoming environment. Older children accessed spaces that were cosy and homely.
- Nappy changing facilities did not follow current guidance to promote hygiene and safety.
- Children's care, play and learning outcomes were not yet consistently benefitting from effective quality assurance processes.
- Children were supported by motivated and enthusiastic staff who were committed to their role.
- There were sufficient staff across the day to support children and meet their 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Quality indicator 1.1: Nurturing care and support.

Children experienced warm and nurturing approaches to support their wellbeing. Staff communicated with children at their level in a quiet and sensitive way. As a result of these supportive interactions, close bonds between staff and children had been developed. These helped children feel included and safe as they were cared for in a consistent way. Children who were unsettled were comforted and provided with reassurance throughout the day. This resulted in children being confident and happy, and gave them a sense of belonging

There were inconsistencies in the quality of personal plans. Some children had detailed information in place which supported staff to meet their needs. However, some children's plans did not contain sufficient information. This meant that staff did not always have the information needed to fully support children (see area for improvement 1).

Meal and snack times were relaxed and sociable experiences for children. At lunch time, staff sat with children promoting good eating habits and encouraged conversations about children's morning. This contributed to the sociable experience for children and allowed opportunity for emerging language skills to be developed. Younger children were well supported to feed themselves and be independent. There were missed opportunities for older children to develop self-help skills, such as pouring their own drinks or self-serving foods. We discussed with the management team how they could make mealtimes a positive learning experience for the children. The management and staff should now continue to review and develop this time. This will support opportunities to promote children's independence skills.

Parents were warmly welcomed into the service to drop off and collect their children. This contributed to creating positive attachments between children and staff, and enabled opportunity for information to be shared between nursery and home. Parents highlighted this as a strength; comments included, 'The staff are incredibly welcoming and are happy to chat about [childs] day', 'Every child is equally important, staff will take the effort to give brief informal updates at collection times to every parent', and 'There is always time afforded to me at drop off and pick up to discuss activities for the day, what he has eaten etc'.

There were inconsistencies in practice around the management of medication. We found one medication without appropriate permission to be administered which was out of date. This put children at risk of harm (see area for improvement 2).

Children were not protected by robust safeguarding procedures. The manager and staff demonstrated an understanding of their role and responsibility to protect children from harm and abuse. However, there were no clear procedures in place for recording information (see area for improvement 3).

Quality indicator 1.3: Play and learning.

Children had fun as they experienced good quality play experiences. Older children had opportunities to lead their learning, choose what resources to play with and negotiate with others the rules or aims of a game. As a result, they engaged in play for long periods of time, and this increased their confidence and supported their wellbeing and involvement. We found younger children had a limited range of interesting, exciting and stimulating experiences available as core provision. This meant that children relied on staff offering play experiences, such as craft and going outside. We shared this with the manager and noted some improvements on day two of the inspection. The service should continue to review and develop provision for younger children to ensure the playroom is inviting, resources support curiosity, inquiry and creativity.

Staff were cheerful, smiley, and promoted a fun ethos. We heard singing, saw stories being read, and observed staff play and chat with children. This helped sustain children's interests and supported their self-esteem and confidence. Staff knew when to provide support and when to encourage the children to be independent. This led to happy children who were eager to try new things.

For the older children, early language, literacy and numeracy were naturally woven into interactions both indoors and outdoors. In the garden, children had opportunities for transporting, filling and emptying buckets, tyres and trays with mud, gravel, water and grass. As a result, children had fun using their imagination and curiosity while learning important skills. Indoors, children independently accessed books and played with small world wooden toys. Some staff used effective questioning to enhance older children's play and learning. To extend children's interests and the overall quality of the play and learning further, staff should be supported to develop their skills to ensure children are consistently supported in their play and learning.

A floorbook was used to document children's interests and what learning experiences they had during the week. We asked staff to consider how to encourage children to take ownership of the floorbook to make it a meaningful way to record and revisit learning by adding the children's voices on what to include, their ideas, materials and drawings.

Planning approaches did not yet support depth, breadth and challenge in all children's learning. Additionally, the quality of learning observations within children's learning journeys were inconsistent. They did not always detail the individual learning or skills that were being developed. This made it difficult to track children's progress and identify where additional support or challenge was needed.

Areas for improvement

1. To ensure children are supported to achieve their potential, the manager should develop personal planning which captures children's developmental progress and identify next steps in learning. This is to ensure that children's needs are planned and met.

To achieve this, plans should include, but not limited to:

- set out how children's needs will be met.
- record how children have progressed.
- be put in place within 28 days of a child starting at the service.

- be reviewed every six months or more often if the child's needs change.
- be shared and updated with children, parents and carers.

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

'As child, 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. To support children's health needs to be effectively met, the provider should review best practice guidance; Management of medication in daycare of children and childminding services; 2024' and ensure:

- Recording formats contain all essential information to support staff to safely administer medication.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. To ensure children are safeguarded and protected from harm, the provider should, at a minimum:

- Ensure the manager and staff are competent and knowledgeable about national, local, and the service's own child protection procedures.
- Ensure the manager and staff are competent in completing chronologies and use these to take appropriate action to support children and their families.

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

'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Quality indicator 2.2: Children experience high quality facilities.

The premises offered a calm, warm and welcoming environment. It was clean, tidy and a well-maintained space that had plenty of natural light for children to play and learn. Older children accessed a space that was homely, cosy and inviting. This contributed to children feeling comfortable and safe. Younger children experienced a playroom that lacked homely touches and cosy spaces for children to rest and relax in. The service should continue to develop homely touches to create an environment that captures the feeling of warmth and cosiness.

Older children benefitted from a well-resourced indoor play area. Children explored the several nooks and crannies happily and were engaged in their play with age-appropriate resources and a good range of spaces for children to make choices, support interests and develop ideas. However, the playroom for younger children was not set up to create a developmentally appropriate space. Some play spaces were uninviting due to poorly presented resources and other areas were not well resourced. This did not give children the message that they mattered and that they had a right to play. As a result, children were not interested and stimulated to play in these areas (see area for improvement 1).

Health and wellbeing was promoted through outdoor play experiences. The garden provided a range of spaces for development of physical skills and exploration in the equipped mud kitchen. The setting was secure, with a clear perimeter fence. This meant that children were safe as they played outdoors. Parents commented, 'They are always out in the garden when possible, even if it's cold or windy which the kids love. [Child] absolutely loves being outdoors and I feel like this is always an experience which is catered to', and 'My child loves being outside so the opportunity for outdoor play is fantastic, especially since the staff try to get the kids out as often as possible'.

Children benefitted from a safe and secure environment. Staff worked together to identify and remove any risks to children indoors and outdoors. Risk assessments were in place to support this practice.

Infection, prevention and control practices such as the use of PPE and food safety practices supported children to stay safe. Older children were well supported to wash their hands at key times, for example, before mealtimes. This helped to minimise the risk of potential spread of infection. However, younger children did not wash their hands at key times and the position of the nappy changing area did not provide appropriate privacy. This resulted in children's dignity not being respected (see area for improvement 2).

Areas for improvement

1. To enable all children to be cared for in an environment that supports them to achieve their potential, the manager and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

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

2. To ensure children receiving personal care are effectively supported, the provider should, at a minimum ensure:

- nappy changing facilities protect children's privacy and dignity
- facilities are well maintained
- staff are knowledgeable about 'Space to grow and thrive' and 'Nappy changing for early learning and childcare settings' and implement this in practice.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Quality indicator 3.1: Quality assurance and improvements are led well.

Children, families and staff were involved in the review of the values and aims of the service. This demonstrated that the needs of the children and families mattered, and that staff had positive aspirations for the children in line with the nursery's vision.

A welcoming ethos had been developed and maintained within the service. Families were welcomed into the service daily. Children and families had opportunities to share their views and most families told us they felt involved in the service. Different methods were used to gather their feedback which supported children and families to feel included. The culture of self-evaluation for improvement was at an early stage of development and had not yet resulted in improvements.

Children's care, play and learning outcomes were not yet consistently benefitting from effective quality assurance processes. A range of quality assurance process had been adopted to monitor some aspects of the service. However, these were not robust or well developed in areas of auditing and monitoring. For example, we identified in this report inconsistencies with personal planning, and medication (see area for improvement 1).

The overall pace of change since the previous inspection had been slow as some of the aspects identified during this inspection were mentioned in the previous report. This meant that there were missed opportunities for improvements. The provider should work on the priorities identified and enable the changes at a pace that is feasible for the manager, achievable by staff and relevant to children and their families.

Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- regular, effective, and focused monitoring is carried out across the setting.
- robust audits are developed and implemented, and any actions are addressed promptly.
- self-evaluation is used effectively to support improvement.
- clear and effective plans are developed to maintain and improve the service.

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?

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 4.3: Staff deployment.

Children were supported by motivated and enthusiastic staff who were committed to their role. Staff shared a common vision and worked well together, which created a warm and welcoming environment for children. Parents told us, 'I feel everyone is doing a great job. My child has a great relationship with the staff and as a result, they know my child very well. I feel reassured leaving my child in their care', 'I find the staff to be very approachable. I appreciate their manner with my child and like that my child likes them also', and 'They're all lovely, we have a blether at most drop offs and pick ups and are always interested in us as a family'. This contributed to positive relationships between staff and families.

There were sufficient staff across the day to support children and meet their needs. Staff communicated clearly with each other in a respectful manner, to create a positive ethos and to ensure children's needs were met. This meant that children benefitted from a positive experience. The effective planning of staff breaks minimised disruption to children's routines and ensured there were enough staff to support children at busier times of the day.

We found there was a good mix of skills and knowledge across the staff team, staff were motivated and committed to their role in providing quality experiences for children. Staff morale was high, and a positive team ethos was evident. The staff team told us the manager was approachable and available to them should they require support.

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 provider should ensure that children's personal plans are reviewed and updated, with parents, in line with current legislation.

In order to achieve this, the provider should ensure that:

- the personal plan is reviewed when requested to do so by the parent or when significant changes occur
- an effective system is put in place to review and update all personal plans at least once in every six month period.

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).

This area for improvement was made on 10 March 2020.

Action taken since then

Some personal plans had not been reviewed and updated in line with current legislation.

This area for improvement has not been met. A further area for improvement has been made under key question 1.

Previous area for improvement 2

The provider should ensure that safe recruitment procedures are consistently followed and that all staff are fit and suitable to work with children. This should include staff having continuous registration with the Scottish Social Services Council (SSSC). In order to achieve this, the provider should:

- ensure that criminal record checks and references, consistent with current legislation, are fully carried out prior to staff starting
- have a manageable system in place to ensure staff have continuous registration with the Scottish Social Services Council
- that there are effective and supportive induction policies and procedures for all staff, prior to starting.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 10 March 2020.

Action taken since then

Safe recruitment procedures had been followed in line with best practice. The service should continue to implement safer recruitment policies and procedures.

The area for improvement has 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	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.