

Greenacres ELC Day Care of Children

Dales View Drive
Peterhead
AB42 2DP

Telephone: 01779403688

Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003015722

About the service

Greenacres ELC is a daycare of children service registered to provide care to a maximum of 96 children aged 2 years to not yet attending primary school at any one time. No more than 15 are aged 2 years to under 3 years.

The service is provided by Aberdeenshire council and is delivered from a purpose-built building in a residential area of Peterhead. Care is currently provided from three playrooms all of which have direct access to a shared outdoor area. Children can also access a quiet room, sensory room and soft playroom. There were up to 47 children present during the inspection visits.

About the inspection

This was an unannounced inspection which took place on 6 March 2025 between the times of 08:30 and 17:50 and on 7 March 2025 between 08:30 and 15:00. 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 and complaint information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and four of their parents/carers
- received 45 completed questionnaires from staff and parents
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children's wellbeing was promoted through kind and nurturing care from a staff team who knew them well.
- Children were being supported to learn and develop through play experiences which were responsive to their interests.
- Children benefitted from being cared for in a welcoming and stimulating environment.
- Quality assurance processes and planned improvements were beginning to impact positively on experiences for children and their families.
- Children's safety, confidence and self-esteem was supported by an enthusiastic and committed staff team.

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

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|--|---------------|
| 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? | 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's overall wellbeing was supported by caring and nurturing interactions from staff. Staff knew the children well and were working to build relationships with parents. When children needed support with personal care such as nappy changing or toileting, interactions were supportive and warm, promoting children's dignity and privacy. Parents who responded to our request for feedback acknowledged the recent changes and challenges in merging two services together. Some parents felt that they did not yet have a strong connection to the staff caring for their child with one commenting, "I have a good connection with some staff but haven't had the opportunity to get to know the other members" and another saying, "I think due to the number of staff it is hard to form relationships. There doesn't seem to be time to chat with them". Other parents commented, "Staff are always nice and welcoming. They always show time to listen and understand whenever discussing home lives or at handover time. Always positive and smiling" and "All staff are friendly and approachable and seem to take great pleasure in building relationships with the children".

Meals were provided by the school catering service and snacks were prepared in the nursery. Children normally had opportunities to develop skills and independence through tasks such as serving their own vegetables and preparing fruit. Mealtimes were relaxed and unhurried. Staff sat with children while they ate, taking the opportunity to support their social interactions and communication. This meant they were able to support children when needed, for example, in cutting their food.

Children were able to sleep or rest when they needed to. This was facilitated by comfy sofas for quiet or rest time. Sleep mats and blankets were used if a child needed to sleep. We suggested using sheets to cover the mats and further promote children's comfort. Staff understood the importance of sleep for children's wellbeing and worked with parents to promote positive routines for children.

Children's health was supported by the safe storage and administration of medication. We identified one or two minor discrepancies in the record keeping to support this. The manager rectified these immediately following our discussions.

Personal plans were used to record information from parents regarding children's preferences interests and needs. For one or two children there was less detail to support staff in caring for the children. Where additional support was identified for individual children a supplementary care plan was in place. This detailed the strategies to be used to meet children's individual needs. All plans had recently been reviewed but regular reviews were not yet embedded in practice. This meant that staff knowledge of children's interests and strategies being used to support them was not reflected in the plans. This issue had been identified by the manager who was currently reviewing how information was gathered and used.

Staff worked with parents and other agencies involved in children's care such as speech and language support. This supported consistent approaches to promote children's development. Links were being built with a variety of other services to support children and families in getting the support they needed.

Quality Indicator 1.3 - Play and learning

Children were having fun and participating in a range of activities during our visit. This included role play, games and physical activity outdoors. Children were able to move freely between the different areas in the rooms and go outdoors throughout the day. They were able to independently access most resources and move them to where they needed. This enabled children to lead their own play and follow their interests.

Children were able to develop skills in literacy, language and numeracy. There were a variety of opportunities for writing and mark making, such as writing letters on the ground with chalk. Staff supported a good use of language through their interactions. Using stories to support children's role play for example. Numerical language was used to encourage children to identify number and compare size and shape.

Staff were responsive to children's interests and supportive of their play. They entered into children's role play and participated in games. Staff interactions supported children to consider and engage in their activities. For example, asking a child where particular animals may live or drawing figures for them.

The manager and staff recognised the importance of good links with the community and were working to build these. This included inviting parents into the service as well as using local shops and amenities. Continuing to develop this will support children's confidence in their community.

Staff were recording observations of children's activities and sharing these with parents via a digital platform. Parents told us that they would like more information about their child's learning. Some parents commented, "I haven't had any updates on my child's learning but I'm also aware it's been a big adjustment due to the merger and things are a bit hectic just now" while another said, "I receive a photo and details of what my child has been doing every day on learning journal". Of the observations we sampled most were general rather than specific to individual children's experiences and learning. In some cases, areas of progression had been identified but there was not always enough detail to fully support staff to promote this for children. The manager recognised that further development was needed in observations and planning for children's learning. This was included in the service's development plan.

How good is our setting?

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 2.2 - Children experience high quality facilities

The setting was comfortable and furnished to a high standard giving the message to children and families that they mattered. Children's health was promoted as there was plenty of natural light and ventilation. There was ample space for children's play and to store their personal belongings. Parents commented that, "The building is well resourced and being new is bright and also welcoming" and that, "The space and resources available for children was a highlight of the service".

Recent changes to the layout and use of the space supported positive experiences for children. Formerly one large space this was now being used as three individual rooms each of which were zoned into interest areas. This encouraged children to follow their interests and promoted their choice in where and how to play. Although they started their day in a specific room, children were able to access other rooms if they wanted to. Staff communicated well to support an overview of where children were throughout the day.

Further spaces such as a sensory and soft playroom could be accessed by individual or small groups of children and staff. This was particularly beneficial to children who could become overwhelmed in a busy setting.

Children's health was promoted as they could freely access the large shared outdoor play area from each of the playrooms. The outdoor area had a variety of resources, for example, mark making and construction as well as space for physical play. Children were particularly enjoying their outdoor play during our visit. They were engaged in role play, washing the "car", and in drawing with chalks as well as more energetic games.

Children were safe as resources indoors and out were appropriate to their stage of development. Children's interests were reflected in the resources available. This included items which children could use for a variety of purposes to extend their play. Risk assessments had taken place and further supported children's safety. Staff routinely discussed safety with the children, asking them to consider if actions were safe. They should now build on this by involving children in the risk assessments and daily checks. The building and outdoor area was well-maintained and welcoming, with a secure entry system in place.

Arrangements were in place for the management of infection prevention and control (IPC). For example, regular cleaning of surfaces and supporting children to wash their hands at appropriate times. Staff were confident in their role of promoting IPC and cleaning schedules and a policy was in place to support this.

The privacy of children and their families was promoted through the safe storage of their information. This included locked filing cabinets for paper records and password protection for those held electronically.

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

The current manager had recently taken up post and had a clear vision for the service, they recognised the importance of involving importance of involving children, families, and the wider community in their vision. As part of this they carried out consultations with stakeholders to form a statement of vision values and aims. Completing this will support everyone in knowing what is important for the setting to meet the needs of children and families.

While some parents shared how they had provided feedback or been involved in developments a number of parents were unaware of these opportunities. The manager was implementing actions to encourage and support parents to participate in the development of the service. This included a parent led fundraising and consultation group, "Friends of Greenacres" and additional consultations with parents. For example, asking parents views on changes in the outdoor area and in the way information would be gathered and recorded. Work should continue to develop and publicise ongoing opportunities for parents and children to inform future improvements. When providing feedback to us, a number of parents commented that they would like to see communication improved. The manager agreed that they would prioritise actions planned for improving communication to ensure that all parents were receiving consistent quality information.

Quality assurance and self-evaluation processes were in place and were being reviewed and altered to better reflect the current aspirations of staff and management. For example, delegated responsibility for some tasks such as audits and observations to support feelings of inclusion and value across the staff team.

Some areas for development were already being changed, for example, the way the spaces were being used by children and planning for children's learning. The manager and staff were committed to promoting high quality play and learning experiences. This was at the centre of their planned improvements with clear success criteria based on the impact for children's experiences and outcomes. However, time was needed for the changes to be fully implemented and the impact to be evaluated.

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

Children's wellbeing was supported as the manager recognised the importance of the service being appropriately staffed through the day. Recent changes to the organisation of children's rooms meant that staff who had cared for the child were available to speak to parents. This supported transitions and the sharing of information. A continuity of care which promoted bonds with staff for parents and children and led to positive transitions was also promoted by this arrangement.

Staff were experienced and qualified which enabled them to promote positive experiences for children throughout the day. Children were supported by staff who were committed to providing the best care for them. They told us that they felt part of a strong team that worked to each other's strengths. Some parents mentioned the staff team as a highlight of the service saying, "The staff are very welcoming and warm with the children" and that they appreciated their children were cared for by "Lovely staff and always do what's the best for the kids".

Staff were flexible and proactive when tasks took them away from the children. For example, swapping roles if the member of staff was supporting a child. This included being flexible in taking their breaks, ensuring that any impact on the care provided was minimised. Very good communication between staff promoted a continuity of care and sharing of information. Staff were proactive in recognising where gaps may exist and in taking action to promote children's safety and engagement through supervision and interactions. Walkie talkies were used to promote staff awareness of where children were and where extra supervision may be necessary.

The manager had planned well to cover any staff absences while ensuring a continuity of care. This included stepping in themselves and using staff who were known to the children and confident in the services routes and procedures. This supported children's confidence as they were able to build relationships with those caring for them. Some parents felt that they had not yet formed a connection to staff or were not familiar with the whole staff team. A photo board in the entrance supported parents in getting to know the staff caring for their children.

Children's needs were met at busier times of the day as staff deployment at these times was well planned. This included lunch times and when children were arriving or leaving the service.

Staff used digital platforms as well as informal discussions to share their ideas and experiences. This gave some opportunities for professional discussion to support positive experiences for children. However, regular team meetings were not currently taking place. There were plans to implement these and this will further support sharing of skills and experience. Staff told us that the manager was supportive and

approachable and they were happy to make suggestions to promote the development of the service. Individual meetings were not yet in place. Implementing these as planned would allow the manager to formally acknowledge staff strengths and discuss areas where further support or learning would be beneficial.

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

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| 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? | 5 - Very Good |
| 4.3 Staff deployment | 5 - Very Good |

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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