

Cairns Early Childhood Centre Day Care of Children

Kilmarnock

Type of inspection:
Unannounced

Completed on:
1 December 2022

Service provided by:
East Ayrshire Council

Service provider number:
SP2003000142

Service no:
CS2003014091

About the service

Cairns Early Childhood Centre was previously registered with the Care Commission and transferred registration to the Care Inspectorate on 1 April 2011.

It is registered to provide a care service to a maximum of 154. No more than a maximum of 145 children aged two years to those not yet attending primary school: of whom no more than a maximum of 25 children are aged two to under three years: no more than nine are aged under two years. The nursery is provided by East Ayrshire Council and is located within the town of Kilmarnock. It operates from single-story, purpose-built premises within the grounds of Hillhead Primary School. The nursery has its own secure door entry system and each playroom has access to a secure outdoor area.

About the inspection

This was an unannounced inspection that took place on Tuesday, 29 November 2022.

The inspection was carried out by three inspectors 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 10 parents of children attending the service;
- spoke with the manager and staff team; and
- observed childcare practice and children's daily care, play and learning experiences.

Key messages

- Staff and the senior management team were committed to ensuring the best outcomes for children and families.
- Children were consulted in their learning and demonstrated some child-initiated play.
- The mealtime experience was calm and unhurried.
- The outdoor environments are sensitively structured and incorporated experiences for children's age and stage of development.
- The manager had a clear vision for the future of the setting and had identified service strengths and areas for improvement moving forward.
- Staff demonstrated a commitment to their continuous professional development.

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?	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 positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1: Nurturing care and support.

Children experienced warm, caring and nurturing approaches from staff, that supported their overall wellbeing. We saw children were provided with praise and encouragement in response to their actions and that children approached staff for comfort, cuddles and reassurance.

Staff spoke confidently about children's individual care and wellbeing needs and how they supported them. Children's personal plans were in place; however, of the plans sampled, we found that some lacked information about what detailed strategies were required to support children's individual needs, and they had not always been shared with parents. Whilst staff had knowledge of children's care needs, interests and stages of development, a clear, detailed personal plan for children, completed in consultation with parents, would enable all staff to fully support individual children. This would ensure children continue to receive care that is appropriate for them. The service should implement meaningful, personal plans that identify strategies of support, and record children's progress. **(See area for improvement 1).**

The mealtime experience was calm and unhurried. During lunchtime, most children had the opportunity to select their meal choice and within the three-five rooms, self-service was encouraged. Children benefitted from staff sitting with them, role modelling positive mealtime experiences.

We found that all staff had a good understanding of children's safeguarding procedures and spoke confidently of the steps to take should a concern or a support need arise for a child or family. We found that staff at all levels were confident in communicating with external agencies and understood the importance of relevant information sharing within the team. Staff engaged in various multi-agency meetings and maintained records of discussions and actions to be taken forward to support families. A parent told us they were extremely happy with the support they had received from staff, "Our child has ASN and Cairns staff have been excellent from the beginning."

Medication was stored appropriately, and we observed medication being administered safely in a way that was respectful and supported children's privacy. Further Improvements could be made to ensure medication recordings are also in line with current best practice guidance 'Management of Medication in Daycare and Childminding Services'. For example, we found that for one child, the dosage instructions on the parental permissions did not match the dispensing label and for other children, it was not clear when children should receive a particular dosage.

Parental participation was a strength within the service. The service worked hard to establish and sustain strong supportive relationships with families. Parents were encouraged to return to the service following the Covid-19 pandemic. Staff supported parents through daily chats and updates. Families had opportunities to be involved within the service; this included participation in the parents' committee and through parent stay and play sessions. A parent we spoke with said, "They support me as well as my child."

Quality Indicator 1.3: Play and Learning.

Staff had a good understanding of child development theory and practice, including the Scottish Government's document, 'Realising the ambition: being me'. Staff used their childcare skills and knowledge to provide a varied range of play and learning experiences for children that met their individual needs. Floor book planning ensured children were consulted in their play and learning and demonstrated some child-initiated play. However, we found that it was not always clear where extensions to children's play and learning experiences were incorporated into their daily play and learning opportunities, or how support or challenge for individual children was planned. Planning documentation should continue to be monitored, ensuring children's interests and needs are planned for and evaluated.

Each child had an electronic learning journal that captured their play and learning experiences. Identified targets linked to learning outcomes and progression pathways and tracked some elements of children's progress and achievements. Parents told us, "I am happy with the information I receive on my child's learning journal. Staff also take the time to keep me updated within the centre at drop off or collection if needed." Staff should continue to improve the use of learning journals and support children to be active participants within their own journal.

Children's opportunities for play and learning are enhanced through connections to their own and wider communities. Children benefitted from walks in the community and visiting the local supermarket and park. The improvement plan highlights visiting the local woods as a key priority for future development. We would encourage the service to continue with this plan, as this would provide children with opportunities to explore risks within their community environment.

Areas for improvement

1. The senior management and staff should review children's personal plans to ensure they identify children's next steps in learning and outline how the service plans to meet individual children's health, welfare and safety needs. Plans should be reviewed with children and parents within a six-month period, or sooner if required.

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

'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).

How good is our setting?

4 - Good

Quality Indicator 2.2: Children experience high quality facilities.

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

The setting was bright and clean. Some cosy spaces were available for children to rest and relax. Within all playrooms, children were able to move freely between the indoor and outdoor environments. Children's artwork was displayed on the playroom walls to support children to feel valued.

The outdoor environments are sensitively structured and take account of children's stages of development and learning. Appropriate resources and play materials to support learning and development was available in the outdoors spaces.

The development of the cosy corner and wonderland provided opportunities for staff to provide targeted wellbeing and literacy support for children with senior management implementing effective strategies to ensure they could track children's progress in these areas. The wonderland was at an early stage of development. We would ask that monitoring is continued to ensure the impact of interventions are measured and supports positive outcomes for children.

The indoor environments were structured to take account of children's stages of development and learning and we observed that most children showed moderate level engagement, as they made some progress in the activities but were easily distracted. Furniture was used to zone areas to allow children to choose to play alone or with peers and to provide opportunities for children to relax and have quiet time. Within the baby room, we found that the availability of activities was developmentally appropriate for the children and resources were well placed and accessible to allow children to explore at their own pace. However, we found that the setup of some play areas within the two-three and three-five playrooms lacked sufficient resources to fully challenge children. For example, tool bench was available; however, tools were accessible for children. **(See area for improvement 1).**

The pace of the day was mostly child led; however, the preparation for lunch saw staff clear away all indoor play areas, which disrupted children's learning and prevented opportunities for children to revisit their morning experiences. Consideration should be given to ways in which the lunch area is set up to limit the disruption to children's play and learning experiences.

Appropriate risk assessments were in place and reviewed regularly with staff. We observed some staff not fully supporting children to understand and manage risk in their play. For example, children were told building blocks were too high instead of being asked what will happen. Children should be more involved in managing and assessing their own risk to support decision making and problem solving.

We found that infection prevention and control practices across the setting supported a safe and hygienic environment for children and staff. We observed staff and children undertake effective handwashing; however, doors to children's toilets should not be left ajar or wedged open. This is to prevent the likelihood of infection spreading.

Areas for improvement

1. Children should have access to a range of rich stimulating play resources to support their development. The manager and staff should ensure that areas within the playrooms are developmentally appropriate and resourced to meet the individual needs of children.

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).

How good is our leadership?

4 - Good

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

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

The management team were honest and realistic about the strengths and areas for improvement required for the service and demonstrated a commitment for improving outcomes for children. An improvement plan had been developed in consultation with staff, parents and children, to ensure a shared vision for the continued development of the service.

Consultation with parents was carried out in a variety of ways, including through social media, questionnaires, display boards in the entrance hallway and in discussions with parents. Parents and staff were currently being consulted in a review of the services vision, values and aims. This process will support a shared vision that reflects all stakeholder's wishes and aspirations for the service. A parent told us, "Questionnaires are sent home or sometimes questions are displayed in the lobby for parents to respond to."

Daily huddles, room, staff and senior meetings provided opportunities for staff consultation and to share best practice guidance. Staff told us they used this opportunity to engage in reflective practice through informal discussions with colleagues and to share information about daily events.

We found that self-evaluation was carried out with staff and provided opportunities for small and large group reflection to identify what was working well and what areas of service delivery could be improved further. We found that some information gathered during self-evaluation processes informed the service improvement plans. Parents and children benefitted from meaningful consultation as their views formed the starting point for future improvements.

A monitoring calendar was in place and outlined priorities for monthly monitoring. We found that monitoring of staff practice was regularly undertaken, and senior staff played a role in implementing these processes. However, we found that further improvements could be made to ensure where monitoring is undertaken this leads to improvements within the service.

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.

The staff team had experienced many changes since the last inspection, and they were working hard to align as a team. The management team had a clear focus on developing staff relationships and growing the positive ethos within the service.

There was sufficient staff in place to ensure children were effectively supported throughout their session. Management planned for staff absences and had a contingency plan in place should unexpected absences arise.

Staff demonstrated a commitment to their continuous professional development with some staff achieving degree level qualifications and some staff proactively sourcing training experiences to support children and families in their care. For example, staff had sourced training to support children to communicate using Makaton.

Staff spoke positively of monthly wellbeing chats, which supported them to feel valued and respected. Some staff professional development reviews were in place. This supported staff to discuss success, achievements, and areas for improvement; however, this should be a priority to complete these for the whole staff team.

Staff engaged with leadership tasks through roles as "champions" within the service. These roles were positively impacting on children's experiences. For example, a staff member had completed their training as a communication champion for the service, which led to the implementation of strategies including small, focused group activities and home visits which supported improved outcomes for children and families.

All parents commented that the senior management team was visible and accessible throughout the service.

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?	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?	4 - Good
4.3 Staff deployment	4 - Good

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