

# Sgoil Araich Loch a Tuath Day Care of Children

Sgoil a Bhac  
Back  
Isle of Lewis  
HS2 OLB

Telephone: 01851 820 230

**Type of inspection:**  
Unannounced

**Completed on:**  
7 March 2023

**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2007164002

## About the service

Sgoil Araich Loch a Tuath is provided by Comhairle Nan Eilean Siar and is registered to provide a care service to a maximum of 40 children from the age of two years to those not yet attending primary school.

The Sgoil Araich has dedicated space within Sgoil a Bhac, in Stornoway on the Isle of Lewis. Children played and were cared for in either the Gaelic or English room and had access to outdoor play spaces as well as other areas of the school.

## About the inspection

This was an unannounced inspection which took place on 6 and 7 March 2023. 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 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received feedback from parents whose children attended the service.

## Key messages

- Children were happy and settled at nursery. They had developed positive relationships with staff and their peers.
- Children had opportunities to develop their imagination, creativity, and problem-solving.
- Staff were committed to working together to support children to develop and achieve.
- The management and staff team were committed to the future development and improvement of the service.
- Some improvements had to be made to further improve how the service implemented and used children's personal plans.

## 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

### 1.1 Nurturing care and support

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

Children experienced warm, caring, and nurturing interactions from staff who genuinely cared for them and wanted them to achieve.

Staff knew children very well, they could talk about their individual needs, how they planned to meet them, and their plans for future development. One parent told us: "I have always felt that the Sgoil Araich and the school have supported me with the choices I have made for my child. The play leader is very good at identifying and responding to my child's specific needs and has ensured that my child is supported in an appropriate way and has given me plenty feedback on progress being made."

Children who required additional support received the right kind of support. Staff worked closely with other professionals involved in children's care and shared information regarding strategies and progress. This meant that children were receiving the right kind of care by the right person at the right time.

Although we have acknowledged how well staff knew and responded to children and their individual needs, we noted that children's personal plans did not fully reflect staff's knowledge of children or the strategies they used to support children. We had previously made a recommendation about how the service should develop personal plans. Although some progress had been made, we found that information gathered to inform personal plans needed to be more streamlined. For example, some very good information contained in the communication log folder would have added strength and value to personal plans. We have, therefore, concluded that this area for improvement had not been met and has been repeated below (**see area for improvement 1**).

Children enjoyed an unhurried lunchtime experience in both rooms. Parents were able to choose whether their child had a school meal or brought a packed lunch. Children who had school meals received a nutritious meal with some element of choice. We noted some differences across rooms about how lunches were served to children. For example, children with packed lunches in the Gaelic room had their packed lunches put out onto a plate, whereas children in the English room ate from their boxes. In order to further improve the quality of the lunchtime experiences for children, staff should review lunchtime and give consideration into how children could be involved in the snack and lunchtime experience. This would help develop children's confidence and independence.

We had previously made a recommendation about how the service safely managed the safe recording, storage, and administration of medication. We noted that improvements had been made and, although few children required medication, safe procedures were in place to ensure that correct instructions for administering medication was gathered and that systems were in place to store medication safely. This recommendation had been met.

### 1.3 Play and learning

We evaluated this key question as good, where several strengths impacted positively on outcomes for

children and clearly outweighed areas for improvement.

The daily routine was mostly free flow, where children could self-select what they wanted to play with. Children were familiar with routines and transitioned smoothly from play to task. Overall, the daily routine had a good balance to meet children needs. Children could lead their play without direction from staff. This demonstrated to us that children's independence in play and learning was supported. Staff understood child development and they provided learning experiences which added depth and breadth to their learning.

Children had access to lots of play experiences and stimulating and challenging resources to help them to develop their skills in language, literacy, and numeracy. Children were learning life skills through planting and growing flowers. These initiatives supported children to be happy and confident individuals who were making progress in their learning and development.

Staff interactions encouraged children to be independent, creative, and solve problems. They made effective use of questioning to extend children's thinking, widen their skills, and consolidate their learning. Observations helped staff to plan meaningful play experiences for children. Staff were responsive to children's interests and we saw evidence of how these had been extended through the floor books. An example of this was when children had expressed an interest in visiting shops. Staff adapted the house corner to make it into a shop. This had led to a number of learning experiences. Staff knew the value of respecting children's interests. One staff member told us: "The children are fully involved in coming up with ideas for activities. This makes them really excited for what they are going to be doing. They are also encouraged to be independent in what they are doing and they appear to thrive on this."

### Areas for improvement

1. Personal plans for children should be developed further to ensure that children's personal preferences, likes, and dislikes are recorded. Current information on children's routines should be maintained. Staff should ensure that purposeful individual observations, and clearly identified next steps, are recorded for each child. They should ensure that spontaneous observations are carried out, where appropriate. This will give clear information on children's individual learning and support each child's keyworker to identify individual next steps in learning for each child in their group. Children's personal plans should be reviewed every six months or as children's needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and '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**

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

### 2.2 Children experience high quality facilities

Children were welcomed warmly into the service. Staff worked well together, creating a positive environment where children felt secure and happy.

We observed the environment to be clean, secure, welcoming, and well maintained. A secure door entry system meant that no one could enter the school building without school or clerical staff being aware. Parents are required to sign their children in and out of the building. On the first day of our inspection there was a discrepancy in the signing in and out sheet. There were nine children in attendance and only seven children signed in. Staff identified the two children and provided an explanation as to why the children had not been signed into Sgoil Araich. We were reassured that staff did not rely on signing in and out sheets solely and that an accurate room register, which showed nine children had been taken, would be used in the event of an evacuation.

There had been changes to how the environment is used since our last inspection. A consultation with parents had resulted in setting up a new playroom provision through the medium of English. Previously there had been a Gaelic two-three and Gaelic three-five, and now English two-five and Gaelic two-five. This worked well and children were settled in their playrooms.

Infection control practices supported a safe environment for children. The potential spread of infection was minimised through regular cleaning and handwashing. Children and staff routinely washed their hands after being outside and before snack and lunchtime. Children would benefit from a handwashing sink in the English room. This would further promote effective handwashing and minimise the spread of infection.

Although children did not have direct access to the outdoor area, staff ensured that they had opportunities to play and explore outdoors, either in the playground, garden, or in school grounds daily. We observed staff preparing children to play outdoors on both days of our visits. They ensured that children wore appropriate clothing and footwear to ensure their comfort. Children enjoyed playing and learning outdoors, where they had opportunities to explore and be curious.

Children were comfortable and familiar with other areas of the school. They benefited from the access they had to other parts of the school, such as the rainbow room (sensory) and gym hall.

## 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.

### 3.1 Quality assurance and improvement are led well

The service was led by an approachable manager who delegated responsibility appropriately to staff and involved them in the development of the service. She made time to meet with the playleaders to drive forward improvement and discuss staff's needs. Good leadership was provided to the staff team who were committed to providing children and families with positive experiences. High staff morale impacted strongly on children's experiences.

The service had reviewed their visions and values, all those involved in the service had been consulted. The service's vision, values, and aims were reflective of the ethos and ambition of the service.

Staff were consulted regularly through formal questionnaires and informally on a day-to-day basis. We could see that staff valued the opportunity to give their opinions and share their ideas. Staff particularly liked how they could view collective responses to consultation and work together to plan improvement. As a result, staff had a shared vision on the type of service they wanted to provide. This included ensuring that

the rights of the children were embedded in all aspects of self-evaluation. This provided a good basis for the service to measure impacts of future changes.

Staff spoke confidently and passionately to us about their roles in the service and were further developing their skills in self-reflection and evaluation to improve outcomes for children. Staff had high expectations that children would continue to support children to be independent. As a team, they focused on increased attainment for children; they encouraged children to articulate their views, provided opportunities for children to lead their learning, and helped them to improve their self-confidence and independence in decision-making.

Quality assurance processes were in place, including improvement plans with realistic targets. There was a clear focus on continuous self-evaluation and staff gave many examples of when they have acted responsively to improve experiences. Staff spoke to us about how 'In the Moment Planning' had inspired them to provide more opportunities for children to be creative and this enhanced the quality of their play and learning.

## 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.

### 4.3 Staff deployment

The service was appropriately staffed to meet the needs of children across the day, even though the service was experiencing staff shortages at times. We acknowledged that the provider faced particular challenges around the recruitment of fluent Gaelic speakers across the island. Staff were deployed in a way that considered the differing experience, knowledge, and skills of the staff group to ensure that children received consistently responsive care. This also helped to promote continuity of care for children with staff sharing information and observations of children with other staff.

Effective staff deployment also ensured good supervision of children. For example, staff communicated when a task took them away from their responsibilities, ensuring children were safe.

The childcare manager that had been appointed was no longer employed in the service. However, the headteacher, playleaders, and staff team were motivated to continue with and take forward improvement strategies that had been introduced.

Staff had undertaken qualifications relevant to their roles and they engaged in continuous professional development. They were supported to reflect on their learning and consider the impact on outcomes for children. As a result, children were making good progress.

Parents who provided feedback were very positive about the staff team. They all strongly agreed that staff are nurturing and responsive to their child's needs. Some of their comments included: "The staff have been fantastic with my son, he has some problems with eating a variety of food and the staff have been so supportive helping him interact and try different foods without pressure and I always get helpful feedback from staff when he tried new things." And "Staff are very friendly and approachable and this makes a big difference as a parent to help put your mind at ease."

## 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

Personal plans for children should be developed further to ensure that children's personal preferences, likes, and dislikes are recorded. Current information on children's routines should be maintained. Staff should ensure that purposeful individual observations, and clearly identified next steps, are recorded for each child. They should ensure that spontaneous observations are carried out, where appropriate. This will give clear information on children's individual learning and support each child's keyworker to identify individual next steps in learning for each child in their group. Children's personal plans should be reviewed every six months or as children's needs change.

Health and Social Care Standards: 1.14 – 'My future care and support needs are anticipated as part of my assessment.' 1.15 – '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.'

**This area for improvement was made on 30 May 2019.**

#### Action taken since then

Although some progress had been made in addressing this area for improvement, the service still needed to further develop children's personal plans. This area for improvement has been repeated.

#### Previous area for improvement 2

The service should review, update, and implement the service's medication procedures, ensuring these reflect best practice guidance. This should include:

Recording clear information about children's medical conditions and how medication has to be administered. This should include triggers, signs, symptoms, and actions to be taken by staff.

Demonstrating how information is shared with parents/carers when medication has been administered.

Ensuring staff record information about any medication they administer promptly.

Ensuring staff clarify the dose of medication with parents/carers, where this differs from the instructions.

Health and Social Care Standards: 4.14 – 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' 1.24 – 'Any treatment or intervention that I experience is safe and effective.'

**This area for improvement was made on 30 May 2019.**

#### Action taken since then

The service had improved how it manages the safe storage, recording, and administration of medicine. This area of improvement had 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](http://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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