

St Anne's Early Learning and Childcare Class Day Care of Children

St Anne's Primary School
Park Drive
Park Mains
Erskine
PA8 7AE

Telephone: 03003000157

Type of inspection:
Unannounced

Completed on:
31 January 2025

Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2003014763

About the service

St Anne's Early Learning and Childcare Class is provided by Renfrewshire Council and is registered to provide a daycare of children service to a maximum of 72 children aged from three years to those not yet attending school.

The service is located in the Erskine area of Renfrewshire, within the grounds of St Anne's Primary School. The premises include two large playrooms, a small side room, and a large outdoor area.

The service is close to transport links and other local amenities such as parks, shops, a beach and a woodland area.

About the inspection

This was an unannounced inspection which took place on Wednesday 29 January 2025, between 09:30 and 17:15 and Thursday 30 January 2025, between 09:15 and 16:45. We gave feedback to the service on Friday 31 January 2025. 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
- received 16 completed Microsoft forms questionnaires
- spoke with staff and the senior leadership team
- spoke with five parents and carers
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Children had formed positive relationships with staff and developed friendships with their peers.
- Children's right to play was supported through a balance of child-initiated and adult-directed play.
- Staff should ensure resources in all play areas remain accessible to children at all times to foster their interests.
- Staff could use their observations of children's play and learning to enhance the resources and experiences offered.
- The senior leadership team demonstrated a strong commitment to providing quality service to children and families.
- Self-evaluation processes should continue to be developed to improve play, learning teaching, and assessment.
- Staff should access training and learning tailored to their individual skills and knowledge.
- The service was appropriately staffed, and staff effectively used their experiences, knowledge, and skills in play areas to keep children safe.
- Staff deployment adjustments could enhance children's access to all areas of service provision that support their play, learning, and progression.

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 had formed positive relationships with staff and developed friendships with their peers. They experienced a warm and nurturing environment, supported by kind and compassionate staff who comforted them during settling-in periods or when they became upset, often by kneeling to their level and offering hugs.

Staff understood the importance of fostering secure attachments and were familiar with each child's personality and family background. Families we spoke to and those who responded to our questionnaire commented on these positive experiences: "Staff are kind and know my child well. They understand their likes and dislikes and are genuinely interested in their progress," and "All staff are lovely, very welcoming, friendly, and caring."

Families were encouraged to participate in stay-and-play and Bookbug sessions. All families were welcomed into the cloakroom to discuss their child's day at drop-off and collection times. Families of children who attended out with term time entered the playroom when collecting their children. This involvement contributed to the continuity of care for children and helped parents and carers feel included in their children's daily experiences. To further support a welcoming environment for children and families, we directed the service to the guidance document "Me, My Family, and My Childcare Setting." Available here: <https://hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/me-my-family-and-my-childcare-setting/>.

Children experienced dignity and respect and were kept clean and comfortable throughout their sessions. This included staff support with toileting, nappy changing, and cleaning children's noses. We discussed children washing their faces after lunch and staff asking for children's permission before personal care was given, which staff said they usually do. During the inspection, the children present did not require sleep. Suitable bedding and mats were available when needed, and staff kept a record of children's sleep routines and shared this information with their families. The sensory room or story area was available for those who needed to rest, supporting their wellbeing.

Each child had a personal plan with specific targets and strategies tailored to their needs. These plans were shared with the child's family in paper format. We discussed the importance of consistently sharing these plans with all families. Some children had strategies included to support their communication and language development, and some staff were observed using Makaton during play. However, we identified that the pictorial prompts outlined in the plans could be used more consistently in practice to enhance the children's learning progress.

Paperwork for medication administration and its storage followed best practice guidance. Staff should ensure that expired medication is promptly replaced by families when it has expired. Additionally, when necessary, they should complete a risk assessment for individual children who may require emergency treatment. This approach will support children's ongoing health, wellbeing, and safety.

Mealtimes were healthy and nutritious and adhered to NHS healthy eating guidelines. Children's dietary requirements, including allergies, intolerances, and cultural needs, were met to ensure their safety. Children could bring a packed lunch from home or receive a hot meal from the local authority. They were kept hydrated throughout their sessions and offered milk, water, and herbal tea options.

Children were involved in setting the tables for mealtimes. Staff could monitor this process so all children can engage in it, supporting their independence and lifelong skills. The tables used were appropriately sized for the comfort of children and staff. At times, we found the lunchtime routine to be noisy. Staff were working on improving these routines, and we discussed the need for further monitoring and appropriate changes to create a more enjoyable and social experience for children. Staff sat with children during meals, ensuring their safety. While some staff engaged in conversations, there was room for improvement in staff-child interactions to better support children's overall social skills.

Quality indicator 1.3: Play and learning

Children's right to play was supported through a balance of child-initiated and adult-directed play. Overall, children could choose to play indoors or outdoors, which allowed them to follow their interests.

Children had opportunities to develop their early literacy skills through programmes such as 'Talk for Writing', 'Bookbug', and the 'Dolly Parton Initiative'. They also listened to stories read by staff and had opportunities for mark-making and drawing. These early literacy approaches aimed to improve young children's knowledge and understanding of early reading and writing and their knowledge of sounds and phonics through play.

Children followed their interests outdoors, role-playing with their friends, pretending to run from a lava monster, and making a bed for their Dino pet using crates usually used for walking along and balancing. This supported children's problem-solving with their friends and developed their schematic learning, the natural process children go through when trying to figure out the world around them.

Overall, children were engaged in play and learning. Providing additional opportunities for play to be extended or revisited and better use of staff questioning to strengthen children's thinking and spark children's interests would be beneficial. Staff could consider introducing environmental print, familiar words in all play areas, and digital technology through educational apps and games to help children foster creativity and learn new skills.

Play and learning experiences, such as 'Magic Moments', were documented in floorbooks for all play areas. Additional staff development in this area would enhance the consistency and quality of these records. Overall, information about children's learning in floorbooks or planning formats displayed on playroom walls was often not dated or not kept up to date to reflect play and learning taking place at that time. While staff documented observations of children's learning and shared these with families, the quality of observations varied. A recent audit by senior leaders highlighted this was an area to develop.

Further improvements in planning for children's learning and development are essential to ensure that their learning is effective and that they are progressing toward early learning goals. These improvements are necessary for making learning engaging and progressive and would ensure all children have equal developmental opportunities and enjoy a well-rounded curriculum.

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.

Quality indicator 2.2: Children experience high quality facilities

Children were provided with a welcoming and comfortable environment, furnished to a good standard with ample natural light and suitable ventilation. Informative displays in the entrance area effectively encouraged family engagement. Each child had a personal space for their belongings, contributing to their sense of security, emotional wellbeing, and inclusion.

During the inspection, we raised concerns about the playroom radiators being very hot to the touch for children and staff. The service had previously reported this concern to health and safety, which has documented the actions taken in response. The service implemented temporary measures during the inspection to ensure the safety of children and demonstrated a commitment to addressing these concerns in the long term.

Overall, the infection prevention and control procedures implemented helped minimise the risk of infection. This involved children washing their hands at key times throughout the day while staff consistently practiced regular handwashing and maintained a clean environment for children. These efforts demonstrated the service's commitment to infection prevention and control. Staff should ensure that the children's toilet door leading to the playroom is kept closed, and the service should ensure that the porous toilet cubicle doors used by children are replaced or repaired to prevent cross-contamination.

Children's safety was met through comprehensive measures, such as boundary fencing, gates, and a secure entry system. Staff had undertaken risk assessments for the setting and individual children, kept an attendance register and updated the information on a whiteboard, and undertook regular headcounts throughout the day, making changes to the register and whiteboard as necessary. This ensured that children's whereabouts were documented during their sessions. Additionally, playroom doors were equipped with alarms. Further staff discussions about using the alarm system are needed to ensure that children and staff respond appropriately when the alarms sound. Senior leaders were committed to regularly assessing the security of the setting and seeking advice from the local authority.

Overall, the indoor and outdoor resources supported children's ages and developmental stages. The designated area used for baking and preparing snacks kept children engaged and interested. Staff should ensure resources in all play areas remain accessible to children at all times to foster their interests.

Although children were provided with opportunities for outdoor play, access was not always granted at their preferred times. This prompted a discussion during the inspection regarding staff deployment and the ratio of supervision for indoor and outdoor activities.

The environment offered several opportunities for sensory play, such as sand, water, and playdough. Staff should reflect on how they can effectively support sand and water play, particularly the quantity of materials provided. Discussions highlighted areas for improvement to enhance children's engagement, particularly in the home corner and craft area, which staff members had already identified as needing further development.

While opportunities for cause-and-effect play were present, such as the use of pipes in the water tray, greater staff interactions would further support children's curiosity, problem-solving skills, inquiry, and overall engagement. Our observations revealed that some children exhibited a preference for throwing objects, demonstrating an interest in trajectory schema and engaging in energetic activities indoors. We discussed where staff could use their observations of children's play and learning to enhance the resources and experiences offered.

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 senior leadership team actively participated in the inspection process, demonstrating a strong commitment to providing quality service to children and families. Their openness to feedback and the improvements made since the last inspection showed their capacity for growth and led to improved outcomes for children.

The service's vision and values were shared with the school community to foster a nurturing environment grounded in compassion and kindness, which was consistently reflected in practice. These vision and values were recently reviewed with input from staff and relevant stakeholders and helped guide the direction of the service.

Senior leaders implemented monitoring and auditing measures in specific areas, including personal planning and medication administration. These initiatives had begun to show a positive impact on the overall quality of the service. Additionally, opportunities for staff and senior leaders to meet and reflect on effective practices and areas for improvement were established, promoting self-evaluation and consistency in practice, ultimately leading to meaningful improvements.

A self-evaluation calendar and yearly planning document were introduced to support the enhancement of play, learning, teaching, and assessment. This initiative was currently in its early stages and should continue to be integrated to ensure children's progression at the early level. Additionally, targeted support from the early years teacher and planned training and development for staff, tailored to their individual skills and knowledge, could be further considered.

Relevant policies were developed and shared with families. These documents should be regularly reviewed, updated, and aligned with current guidance and legislation, particularly in response to any changes in service delivery.

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

During the inspection, the service was appropriately staffed, and staff effectively used their experiences, knowledge, and skills in play areas to keep children safe.

Staff communicated well with colleagues when a task required them to step away from their responsibilities, and the use of a communication diary and whiteboard further strengthened this process. As a result, children could enjoy free-flow play and receive a high level of care.

Staff levels were adequate to meet the children's needs. However, there were a few instances, such as during staff lunch breaks, where improvements in staff deployment could enhance children's access to all areas of service provision, including the arts and crafts area and outdoor play. These adjustments would provide more play opportunities, enriching children's experiences.

Professional development reviews with senior leaders helped staff focus on what was working well in the service and identify improvements needed to support individual children and their own professional growth. This process promoted staff morale and encouraged reflective practice, which is beneficial for continuous learning.

When there were changes in the staff team, arrangements were made to promote continuity of care, and senior leaders ensured that staff absences, whether planned or unplanned, were managed to minimise disruption to the children. As a result, the staff attendance ethos has improved since the last inspection.

Families shared that they had developed a strong connection with staff caring for their children. Their comments included, "We have a good relationship with all staff," "I find the staff really easy to approach as they always have a welcoming and friendly nature and are always willing to help," and "The staff are always really friendly and show a lot of care towards the children."

Staff and the senior leadership team provided information for families using the online app or in person at drop-off and collection times. Overall, families were satisfied with the level of communication between the service and home. Additionally, some families commented that the app was not user-friendly and would like information shared in advance, as it can sometimes feel rushed. Further involvement of families in a meaningful way to help develop the service would support continued improvement.

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

To support children's health, wellbeing and play and learning, the provider should ensure senior leaders have quality assurance approaches that are developed in line with relevant best practice guidance. This should include, but is not limited to, monitoring and auditing personal planning, medication management, accident/incident processes, play and learning experiences and staff deployment.

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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This area for improvement was made on 26 March 2024.

Action taken since then

Since the last inspection, the service has established quality assurance processes that positively impact its quality and outcomes for children. These processes should continue to be embedded to support the service's ongoing improvement.

This area for improvement has been met.

Previous area for improvement 2

To ensure that children experiencing care have confidence, the service they receive should be well led and managed. The provider should ensure senior leaders report serious accidents/incidents, liaising with all governing bodies. This sense of responsibility and accountability is crucial in maintaining the children's and their families' trust.

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

'I experience high-quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 26 March 2024.

Action taken since then

The service recognises its responsibility to inform the Care Inspectorate about any unforeseen or unplanned events that could harm or injure a child using the service. The service should ensure that these notifications are updated as needed.

This 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?	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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