

# St Charles' Early Learning and Childcare Class Day Care of Children

St Charles' Primary School  
Rowan Street  
Paisley  
PA2 6RU

Telephone: 03003 000 181

**Type of inspection:**  
Unannounced

**Completed on:**  
16 June 2023

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003014765

## About the service

St Charles' Early Learning and Childcare Class is provided by Renfrewshire Council to provide a daycare of children service to a maximum of 60 children at any one time aged 2 years to those not yet attending primary school. Of those 60, no more than 10 are aged 2 years to under 3 years, and no more than 50 are aged 3 years to those not yet attending primary school full time. The service operates Monday to Friday during term time.

The service had sole use of a wing of the school with three main playrooms, with direct access to enclosed gardens where children could choose to play outside during the session. They also made use of areas within the local community to allow children to explore the natural environment.

## About the inspection

This was an unannounced inspection which took place on 13 and 14 June 2023 between 08:30 and 16:00. Feedback to the senior management team was provided on 16 June 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 senior management
- received feedback from ten families
- received feedback from thirteen staff
- observed practice and daily life
- reviewed documents

## Key messages

- Children received nurturing care and support from a staff team who were kind, caring and responsive to their needs supporting them in feeling valued, loved and respected.
- All children were happy and settled in the service.
- Children benefited from plenty of space, natural light and fresh air, which supported their emotional and physical health and wellbeing.
- Play spaces for children indoors and outdoors were appropriately resourced with stimulating and exciting resources.
- Parents and carers should be encouraged to have daily access to the playrooms to strengthen partnerships between families and all staff.
- Robust quality assurance systems should ensure consistency in the quality of written records.

## 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.

### 1.1 Nurturing care and support

Children received nurturing care and support from a staff team who were kind, caring and responsive to their needs supporting them in feeling valued, loved and respected. All staff responded and interacted well with children across the nursery day. As a result, children were happy, settled and confident to approach the staff team for comfort when needed. Parents and carers agreed, commenting, "The staff are very nurturing" and "Key worker is fantastic really knows my child and has helped them to develop socially and emotionally." "One staff member told us, "Good key worker relationships with individual children and carers means we have a good knowledge of individual backgrounds and can provide the best care to all of our children."

Feedback from parents and carers showed that they strongly agreed/agreed that they were confident that staff were nurturing and responsive to their child's needs. When children required support with personal care, interactions throughout were warm, caring, nurturing and respectful and promoted children's privacy and dignity. However, the layout of the building meant that toilets were not easily accessible to children aged 3-5 years to support their independence. The senior management and staff team highlighted this as an area for improvement. They should consider every conceivable approach to get the desired outcome for children. We signposted the service to the guidance document 'Space to Grow', available on the Care Inspectorate 'Hub', <https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/space-to-grow/>

Staff kept a record of children's allergies and dietary requirements, which kept children safe. Children had a choice of a hot meal or a packed lunch from home. Snacks/mealtimes provided by the service were healthy and nutritious. We spoke to staff about children using utensils (tongs) for fruit at snack time to prevent the potential of infectious diseases and cross-contamination. The senior management team bought these for children to use for snacks on day one of the inspection, reducing children's risk.

Children aged 2-3 years had lunch in the playroom, and children aged 3-5 had lunch in the school canteen, supporting transitions. Staff sat with children at their level and engaged them in meaningful conversations. As a result, the mealtime experience promoted positive attachments between the children and staff in a relaxing social atmosphere. However, we asked staff to consider the needs of all children aged 3-5 years during this time to allow them to return to the playroom when they finished their lunch. Staff should risk-assess this time of the day to maintain children's safety and ensure the correct number of adults meets children's needs.

We did not see children needing to sleep or rest during the inspection. However, the service did have appropriate sleep mats/blankets available. We were satisfied with the sensitive arrangements for sleep routines to ensure children's safety, emotional security, and wellbeing.

The staff worked with families involving them in decisions about their child's care. This was reflected in children's personal plans, supporting them to be safe, healthy, active, nurtured, achieving, respected, responsible, and included. Parents and carers strongly agreed/agreed they were fully involved in their child's care, including developing and reviewing their child's personal plan, with one commenting, "My child overall experience has been amazing. He loves to attend and feel all his needs have been met." All staff felt confident to contribute to children's personal plans. However, they should ensure key information recorded accurately reflects children's care and support needs. Robust monitoring and auditing systems would further support staff when completing the working documents. See area for improvement under quality indicator 3:1.

Children who required additional support were supported by caring, nurturing staff who worked well with families and relevant external agencies to support and enhance children's outcomes.

Children with complex medical needs had medication procedures and processes that kept them healthy and safe. Staff kept the storage of all children's medication in a cupboard out of the reach of children. Children's medical care needs were reviewed and updated in consultation with the child's parents. However, we asked the service to ensure that the information gathered accurately corresponded to the prescription guidance so that staff could continue to support children's health, wellbeing, and safety and that stored medication has the child's name and date of birth on the bag/container to ensure it was easily identifiable in an emergency. An emergency plan for children with long-term medication should be undertaken as part of general risk management processes to keep children safe. Staff should complete the plans with input from the child's parents following medical advice. The senior management team rectified the administration forms for medication during the inspection and agreed to provide further assurance of an updated system for monitoring and auditing medication management to sustain best practices. See area for improvement under quality indicator 3:1.

Annual refresher training and evaluations of learning supported staff confidence to take forward the service child protection procedures. As a result, children were kept safe and protected.

### 1.3 Play and learning

Children were meaningfully and actively involved in leading their play and learning through a balance of spontaneous and planned high-quality experiences promoting their choice and independence. One staff member told us, "As a team, we aim to achieve the best outcomes for our children by allowing them to lead their own learning through play. As practitioners, we can step in, extend learning, and provide the next steps that challenge the children." Parents and carers agreed, commenting, "I feel the nursery offers great opportunities for my child in all aspects of play and learning" and "Staff go above and beyond. My child has come on leaps and bounds."

Some staff were knowledgeable about children's schemas. For example, children in the 2-3 playroom liked to line things up (positioning) according to colour instead of the previous transporting schema. Materials were available to support this schema, such as coloured penguins.

There was a good range of age and stage appropriate resources for the children using them. Children could choose from various interesting, open-ended materials and resources supporting creativity, inquiry, and lifelong skills indoors and outdoors. It included planting and cooking activities led by an adult. One staff member told us, "Children have the freedom to take part in daily experiences indoors and outdoors that incorporate their needs and interests. Children are fully involved."

Children's curiosity was encouraged by all staff supporting children to be motivated and engaged. Children aged 3-5 years explored areas within their local community. It included visits to the local swing park and the Craggs. However, some staff felt that this was an area that they could further develop, commenting, "I think within the 2 to 3 room we could possibly make more links with the community" and "Restarting some of our community links which stopped because of the pandemic to give our children additional experiences."

Various child-led and adult-initiated play experiences such as talk for writing, circle time and story time helped develop children's language, literacy and numeracy skills. One staff member told us, "Children in this setting enjoy lots of language-rich activities; they are all engaged in learning/play daily." Progression trackers for literacy and numeracy supported by the early years teacher helped staff understand children's progress in their learning.

Planning for children's learning was child-centred. Staff used observations to assess children's experiences, interactions and play spaces: good use of learning stories, floor books and wall displays recorded children's play, learning, interests and voices, and relevant guidance and curriculum frameworks supported staff evaluations. Parents and carers were encouraged to contribute to these. However, an updated system for monitoring and auditing would further ensure consistency in the quality of information recorded. See area for improvement under quality indicator 3:1.

Evidence showed families were involved in their child's care play and learning through family engagement events and regular stay and play sessions. However, parents and carers commented, "I would like more notice of events or things parents can attend", "Would like more information about what they are doing, weekly themes", and "I have no issues with the nursery but feel information about events, times etc. sooner would be helpful." The senior management team agreed to revisit the communication methods used in the early years setting so that all parents felt included and engaged well in the life of the nursery.

## 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 benefitted from a comfortable and appropriately furnished setting with plenty of natural light. To further support ventilation on warm days, staff should be mindful of the airflow across the playrooms to maintain a comfortable temperature.

Play spaces for children indoors and outdoors were appropriately resourced with stimulating and exciting resources. Play materials were visible and easily accessible to meet the children's needs. Children enjoyed various activities that reflected their interests, for example, water play, a large sand pit, role play, creative activities and construction toys. The children were happy and engaged in their play and learning, enabling them to explore different areas for learning and actively engage in their play. One staff member told us, "Children have daily opportunities to take part in indoor and outdoor play. Staff change the environment to meet the needs and interests of children."

The service had safety measures to support a safe environment for children. Maintenance records ensured that any equipment and damaged items were repaired or replaced, and a secure entry system, playroom registers, risk assessments and fire safety drills kept children protected. Staff involved children in risk evaluation, including risky play benefits. This approach helped children learn about their limits and build life skills. As a result, children enjoyed challenging, fun play experiences.

On the first day of the inspection, we highlighted concerns about the cleanliness and hygiene in some areas of the setting, particularly staff hand hygiene, waste disposal and storage within children's toilets. The senior management team immediately put measures in place to keep children safe. To support staff to minimise risks of infection and maintain a safe environment. We signposted the service to the NHS, Health Protection Scotland guidance, Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings). Available from: [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1\\_infection-prevention-control-childcare-2018-05.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf)

Children's information was securely stored and managed, protecting their rights. For example, staff kept documents in an office within the school to safely store children's personal files.

## 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 staff, parents and carers recently updated the service vision, values and aims to ensure they reflect the aspirations of children and families that attend. Parents and carers strongly agreed/agreed that they and their children were meaningfully involved in developing the service and that staff used their ideas and suggestions to influence change. Regular communication with families through various methods, including email, school/nursery website, newsletters, social media and the Seesaw app and daily conversations, supported a culture of partnership working.

Regular discussions among staff provided an opportunity to support effective communication across the service. Staff had opportunities to attend one to one meetings with the senior management team. This was an opportunity to reflect on their childcare practice and further support professional development. Most staff felt supported by the senior management team, with one commenting, "I feel confident I can approach my manager." However, other staff members disagreed that they had opportunities to meet with their manager, with one commenting, "Management could communicate better with ELCOs." The senior management team agreed to raise these concerns with the staff team so that everyone felt included in the development of the service.

Some quality assurance systems positively impacted children's outcomes. These included meetings where staff discussed planning for children's play and learning, their progress and individual needs and an opportunity for staff to share ideas. Staff used floor books to record children's play, learning, thoughts, and ideas, enabling them to participate in the improvement cycle. However, some quality assurance processes needed to be more robust across other aspects of the service; for example, medication audits to ensure children were kept safe and audits on the completion of personal planning, observations and assessments to support consistency and high-quality outcomes for children. See area for improvement 1.

A clear improvement plan was in place for the early years class linked to the school. The improvement priorities included raising attainment and children's involvement in all decisions about their play and learning. The impact of these improvement priorities on outcomes for children was evident in the early learning and childcare setting. The staff team evaluated their practice against Education Scotland's self-evaluation guidance 'How Good is Our Early Learning and Childcare' (HGIOELC) to identify any specific action required to influence positive change supporting a continuous improvement cycle. To further support ongoing improvements and reflective practice, early years staff should familiarise themselves with 'A quality framework for day care of children, childminding and school-age children' (Care Inspectorate, 2022).

## Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure quality assurance approaches are developed further in line with relevant best practice guidance. This should include but is not limited to auditing personal planning, medication management, observations and assessment processes.

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

## 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 early years senior and graduate welcomed children and families at the entrance. The daily conversations supported children's transitions and continuity of care. Two parents/carers agreed, commenting, "I like that there is the same person to welcome the child every day," and "The staff are absolutely fantastic; I can approach any of them and never have to worry about my child when he is in their care". However, two other parents/carers commented, "I would like to see more pictures about what happens in the nursery", and "Not talking to parents at the door about private matters when collecting children" could be an area for improvement. During the inspection, we discussed the importance of parents and carers having access to the playrooms daily to build relationships and attachments between all staff, children and families, which the senior management team agreed to revisit with staff and families.

Staff had differing skills, knowledge and expertise, which they should continue to develop to meet the needs of the children in their care. There was a positive staff ethos; staff worked and communicated respectfully with each other as a team to improve and develop practices to support children and their families. Parents/carers agreed, commenting, "They are all wonderful!" and "Fabulous staff and very good at what they do."

Staff were enthusiastic about providing high-quality care for all the children and developing their childcare practice. The staff team had undertaken various training opportunities, and evaluations completed helped support their continuous practice.



On the whole, staff deployment was good, with staff supporting one another during busier times; for example, during staff breaks and absences. However, there was a need to revisit staff deployment during the children's lunchtimes to ensure minimal disruption to their play and have a clearer understanding of staff roles and responsibilities to ensure that these do not impact other aspects of the service, such as quality assurance and supervision to ensure a consistent approach on the care and wellbeing of all children.

## 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                              | 5 - Very 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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