The Jeely Early Years Service
Day Care of Children

Castlemilk Community Centre
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Castlemilk
Glasgow
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Telephone: 0141 634 7305

Type of inspection:
Unannounced

Completed on:
5 February 2025

Service provided by:
The Jeely Piece Club

Service provider number:
SP2003001350

Service no:
CS2003006112

About the service

The Jeely Early Years Service is a day service within the Castlemilk area of Glasgow. It is registered to provide a care service to a maximum of 64 children not yet attending primary school at any one time. There were 29 children using the service on the first day of inspection and 32 on the second day.

It is located within Castlemilk Community Centre, close to local primary schools, shops, parks, green spaces, transport links, and amenities.

The children are cared for across two main play spaces and an outdoor garden area. Additionally, children and families have access to three other multi-purpose rooms. These rooms are used to support sensory play, parent engagement, and various programmes run by the service.

About the inspection

This was an unannounced inspection which took place on 3 and 4 February 2025. Feedback was provided to the management of the service on 5 February 2025. The inspection was carried out by one inspector 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 families of the children using the service
- spoke with staff and management
- reviewed seven completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

Key messages

• Children were nurtured, engaged in good experiences and having fun.

• Children benefited from robust personal planning that supported staff to meet their needs.

• Children and families benefited from strong and meaningful family engagement opportunities and supports.

• Children's play and learning opportunities outdoors were rich and high quality.

• Maintenance systems should be strengthened to maintain a safe environment for children.

• The approach to quality assurance, self-evaluation and improvement planning was developing, and having a positive impact on the outcomes for children and families.

• Staff knew children well and cared for them sensitively.

• More toys and materials were needed indoors to promote children's curiosity and creativity.

• To support children to experience high quality mealtimes, improvements should be made to staff deployment at lunch time.

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 different parts of this key question as very good and good, with an overall grade of good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support.

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this quality indicator as very good.

Staff had established strong and meaningful relationships with children. This enabled them to foster positive attachments with children which supported them to feel loved, valued, safe and respected. Parents told us the staff cared and supported their children well. Comments we received included:

"The staff brought my child's little personality out and have been massively supportive and attentive to his needs. The nursery have worked with and have been a fantastic support structure for my son and I."

"Jeely piece have gone above and beyond to help us as a family. Whether they know the extent of their help and support, I have really appreciated their guidance. My son sees the staff as family. I consider us very lucky to have been granted the placement we've got. I can never thank Jeely piece enough for making my son's earliest years so special."

Staff knew children well, they cared for them kindly, and in line with their personal preferences and routine recorded within their plans. For example, staff offered cuddles to children and supported them to interact positively with their peers. This supported children's wellbeing. Children's personal care was carried out sensitively. Staff respectfully asked children to accompany them for nappy changing. They also sang gently to children, helping them feel safe and relaxed. This supported children's privacy, dignity and rights.

All children had a personal plan drawn together using wellbeing indicators; safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Plans were created in partnership with parents and reviewed and updated regularly. Plans recorded children's preferences, routines, likes and dislikes. They also identified areas of support and strategies staff used to support children to reach their full potential. This meant plans contained the key information that staff needed, to respond sensitively, quickly and compassionately to changes in a child's life.

Staff understood the importance of sleep to support children's wellbeing. Sleep routines were reflective of individual children's needs, promoting good sleep habits. Almost all children slept safely on designated sleep mats and were closely supervised by staff to ensure their safety. Where children fell asleep on rugs, we shared with staff the importance of them being sensitively moved to sleep beds. This would ensure their safety and minimise the potential spread of infection.

Overall, where children required medication, it was stored and administered safely. Parents supplied medication and completed medication forms to give consent. We sampled medication records. Some of the records did not record clearly the signs and symptoms of when emergency medication should be administered. Management agreed to address this to ensure that children's health needs were well understood.

Staff had developed meaningful relationships with families. Parents were encouraged to come into the play spaces where children were cared for. One parent told us, "I am welcomed with a smile." Staff spent quality time with families, feeding back to them about their children and their day at the setting. Children and families benefited from strong parental engagement opportunities. This included regular stay and play sessions, and evidence-based programmes that supported children to thrive. The programmes supported children's development, engagement, emotional security, emotional regulation, and wellbeing.

Staff worked proactively with families, the community and professionals to ensure children and families got the support they needed. For example, staff worked with speech and language therapists to agree shared goals and strategies that supported children. One parent said, "They work with me and the speech and language to support my child well." Additionally, staff supported families to access supports from the local community; in particular, groups and support available in the Castlemilk Community Centre. This supported children and family's wellbeing, needs, inclusion and resilience.

Quality indicator 1.3: Play and learning.

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

Almost all children were engaged in fun play experiences. They were leading their own learning by selecting resources and exploring their play spaces. Most staff responded to children's interests and adapted resources and experiences to meet children's needs. For example, in the baby room, staff provided a song box to support children when they were singing. This meant children were having fun as they experienced good play and learning opportunities.

Younger children had a wide range of resources to support their play and learning. This included sensory materials that helped children build connections in their brain and develop curiosity and enquiry. Children in the two to five years age range had less opportunity to develop their curiosity when playing inside. They were sometimes involved in adult led activities, such as completing worksheets. These type of experiences restrict children's creativity. To maximise children's play and learning, older children would benefit from more open-ended play materials that encourage them to explore, imagine, create and solve problems.

Staff facilitated some experiences indoors that supported children's numeracy, literacy, and language development. For example, staff sang to children as they played, incorporating numeracy and literacy within the songs. This supported children's development.

Older children had great fun during regular play and learning experiences in the local park. Staff had set up a camp for children to develop their skills and support their wellbeing. We observed play and learning outdoors to be high quality. Children had fun taking part in risky and challenging play and using the natural materials to support their development. For example, we observed children using sticks they had gathered in the wooded area to measure the depth of puddles and compare the height of their peers. This supported children's play and learning to develop their skills, curiosities, wonder of the natural world, and their local community links.

Staff gathered observations of children at play. They recorded a summative assessment of each child monthly to show achievements and children's progress. Photographs of children at play were shared with parents through social media platforms. We sampled these observations and found they highlighted some achievements for children. However, they lacked children's input and voice. Management agreed to review

their documentation of children's play and learning, to be more child centred, record children's voices, and provide opportunity for them to revisit and consolidate their learning.

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.

The setting was comfortable, furnished to a good standard, and welcoming with plenty of light and ventilation through open doors and windows. Children had lots of space for their needs. The welcome cloakroom area had important and supportive information for families. This sent a message to children and families that they matter.

The manager had identified that the setting needed some maintenance and repairs. Additionally, some staff and parents who provided feedback shared that they felt the building could be maintained better. Management told us that they had been proactively raising this with the owner of the building. For example, during the inspection, the garden area was out of use due to recent storm damage. Staff had a contingency plan where children used the community hall, and their sister service soft play to support children's physical play. The manager and provider should continue to be proactive in raising maintenance issues to ensure they are resolved promptly, and children are cared for in a safe and well-maintained environment.

Staff worked together to identify risks and remove these to keep children safe. For example, in the outdoor camp, staff shared with each other and children to be careful with their footing as the heavy rain had created lots of puddles and some dips they could fall or trip over. This helped children to identify risks, building their resilience and problem solving. Overall, risk assessments were well used to promote a safe environment for children. However, some risk no longer reflected the needs of the service and needed updating. The manager agreed to update these to support safety.

Accident and incident forms were completed when needed and shared with families. They were monitored to establish any patterns and agree actions to prevent children coming to harm in the future. This contributed to keeping children safe.

Children's information was stored safely in files or within password protected online systems. Staff had access to information needed to keep children safe and care for them well.

Infection, prevention, and control policies and procedures were in place and followed in practice. For example, we observed staff and children practice effective hand washing, the building was visibly clean, and staff cleaned down surfaces regularly. This protected children and staff from the spread of infection.

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 manager was newly appointed, engaged with the inspection process well, and was keen to take forward areas suggested for improvement. Positive working relationships between the provider, management and staff contributed to a shared vision for the service. Almost all staff spoke positively about their relationship with the management team. They felt their views and ideas were welcomed by the manager, and their wellbeing supported. One person said, "The manager is always there to chat or listen." This contributed to a shared responsibility towards achieving positive outcomes for children.

Staff were good at communicating with families. We observed parents coming into the service and staff spending quality time with them listening to their views and wishes about children's and their specific care needs. This informal gathering of people's views ensured staff were working in partnership with families to meet their wishes and show they valued their contributions. The manager should work towards their plan to formally gather people's views. These should be used to measure and inform change and the improvement planning for the service.

The management had created a welcoming and supportive ethos for staff, they welcomed their comments and suggestions through an open-door policy and approach. The management team had begun to formally gather staff views through staff appraisals and self-evaluation activity. Staff views were used to inform the training plan for individual staff. Staff told us they found the process supportive. This meant that children benefited from a staff team who were reflective and developing their skills through continued professional development.

The manager and staff were in the early stages of using good practice publications to reflect on the quality of children's experiences. Staff benefited from allocated development time. Many staff used this as an opportunity to read best practice. This demonstrated their commitment to continually improving experiences for children and families.

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.

Staff demonstrated a commitment to their role and were enthusiastic about providing quality care and learning for children in their setting. There was a mix of staff's skills and knowledge across the playrooms. Children approached staff for help and reassurance, showing they had developed positive and trusting relationships. We received positive feedback from parents about the staff team. Comments included:

"Always a staff member on hand to discuss anything when needed."

"They are great at patience with the kids."

"My child's keyworker is fantastic, they knew my child likes and dislikes straight away within their first day and developed a bond with them."

There was a mix of staff's skills and knowledge across the playrooms. Some staff had been employed with the service for an extensive period, while others had recently joined. Staff were deployed across the service in line with their skills and experience. New staff were supported with an induction. The induction supported staff to settle in and learn about the service's policies and procedures. The induction process could be strengthened with links to current and best practice guidance. We discussed with staff and management how the use of Scottish Government's 'Early learning and childcare: national induction resource' would further enhance their induction process. We concluded staff worked well together, to create a flexible and supportive ethos where staff supported each other, working together as a team to benefit the children.

We were confident that staff had the appropriate knowledge to protect children from harm. Staff told us they had taken part in a child protection workshop with the manager. This had increased their knowledge and confidence in recognising signs of harm and keeping children safe.

We found staff worked well as a team. Staff who provided feedback suggested the effective teamwork was a strength of the service. We observed staff communicating well with each other most of the day as children moved around the service or required support from an adult. This was creating a flexible and supportive ethos where staff supported each other, working together as a team to benefit the children.

Staff caring for children were recruited safely and registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them.

Children were supported with a nutritious lunch and snack. Some staff sat with children as they ate, while others were task focused, serving lunches and carrying out other tasks. Staff were aware of children's allergies and dietary requirements and catered for these carefully. We discussed with the staff team how further enhancements could be made to the lunchtime experience for children. For example, setting the tables attractively along with children, and allowing children more opportunities to self-select all their foods and drinks. At times, during the lunch experience, some staff were task focused and not sitting with children to develop a homely, sociable eating experience (see area for improvement 1). We also signposted the management and staff to Care Inspectorate guidance 'Food Matters' to support them to make the improvements.

Areas for improvement

1. To support children's health and wellbeing, the manager should ensure staff deployment supports children to experience a sociable and positive mealtime.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

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	5 - Very 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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