Kilmaurs Early Childhood Centre
Day Care of Children

East Park Drive
Kilmaurs
Kilmarnock
KA3 2QS

Telephone: 01563 538 674

Type of inspection:
Unannounced

Completed on:
18 November 2022

Service provided by:
East Ayrshire Council

Service provider number:
SP2003000142

Service no:
CS2003015811

About the service

Kilmaurs Early Childhood Centre was registered with Care Inspectorate on 1 April 2011. The service is registered to provide a day care of children service to a maximum of 82 children aged 2 years, to those not yet attending primary school full time, with no more than 10 children aged 2 to under 3 years old at any one time. The service is provided by East Ayrshire Council and operates from purpose built premises in the village of Kilmaurs.

About the inspection

This was an unannounced inspection which took place on Monday 14 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 and variation information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people using the service and their family members by email and telephone call
- spoke with staff and management
- observed practice and daily life for children attending the service
- reviewed documents

Key messages

- Most children were happy and were supported by caring staff.
- Children were helped to form positive relationships as staff interactions were warm and nurturing.
- Children's wellbeing was supported as the calm and respectful approach of staff helped them to feel secure.

We have asked the service to continue to:

- Review staff deployment to ensure all play areas are accessible to children throughout their session.
- Develop a process for undertaking staff professional development reviews.
- Extend the monitoring arrangements to ensure children consistently experience a high-quality service.

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 made an evaluation of good for this key question. Several important strengths were identified which when taken together, clearly outweighed areas for improvement.

Quality Indicator: 1.1 Nurturing care and support

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

Children were happy, settled and having fun. They experienced warm, nurturing care to support their well-being. Staff were kind and respectful towards children, taking time to listen and respond. Staff knew children well and interacted positively with them to support their needs. This helped children feel secure and contributed to the positive relationships they had with staff.

Children experienced an unhurried and sociable lunch time, where a keyworker or familiar staff ate with children, role modelling positive attitudes to mealtimes. This promoted meaningful conversations and provided opportunities for emerging language skills to be developed. However, there were some missed opportunities to support children's independence in the preparation and serving of foods and we recommended that drinking water should be available throughout the day for children attending the 2-3 playroom.

Personal plans were in place for all of the children that we sampled. Where children required additional support, staff were working with external agencies to identify and implement strategies to meet children's needs. We observed strategies in practice that were positively impacting on children's experiences. However, we found that staff were not always responsively updating plans to reflect individual changes in children's care. To ensure all children receive the right support at the right time, personal plans should be regularly monitored to ensure they capture the holistic needs of the child and reflect the current levels of support in place.

Three prescribed bottles of medicated cream were present beside playroom sinks and due to water damage on the labels it could not be determined who two of the three items belonged to. To reduce risk to children, all prescribed medication must be stored in line with the service medication policy and Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'.

Partnership working with families had been re-established and through a coffee morning and scone and tour day, parents were supported to view their child's learning environment. Staff recognised the importance of engaging with families and consultation regarding the reintroduction of 'stay and play' sessions and the introduction of a parents committee had taken place, however these initiatives had not yet been introduced to provide meaningful experiences for families to engage in. We encouraged the management team to continue with their plans to develop parental participation to support and improve wider family wellbeing.

Quality Indicator: 1.3 Play & Learning

We made an evaluation of good for this quality indicator, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff had a good understanding of child development, relevant theory and best practice guidance, including realising the ambition: being me, and used their knowledge to provide play and learning experiences for children. Floor book planning and the use of responsive planning documentation ensured children were consulted in their learning and demonstrated some child-initiated play. However, we found that it was not always clear where play and learning experiences provided support or challenge for children. The senior management team had identified this as an area for improvement through their monitoring processes and we encouraged them to continue with their plans to provide further support for staff to ensure consistency for all children.

Planning approaches were at times responsive to children's interests, however, we found that this was inconsistent and on the day of our inspection all planned indoor activities were adult initiated. For example, children were making Pudsey crowns for children in need. The outcome of this activity had been predetermined by staff, limiting children's participation and enjoyment. Children's play and learning experiences should be further monitored to ensure they consistently support children to explore their creativity, inquiry, and curiosity.

Electronic learning journals had recently been introduced, which identified children's individual targets that were linked to learning outcomes and progression pathways and tracked some elements of children's progress and achievements. The use of tracking tools supported staff to understand children's early literacy development and supported staff to have an overview of children's progress over time. Staff should continue to imbed observation and tracking systems to ensure they can promptly identify areas where support may be required.

Children had limited access to wider communities which restricted their play and learning experiences beyond the setting. In addition to links with supermarkets, children would further benefit from planned approaches to engage in risk enabling play out with the setting and opportunities to enhance connections to local and wider communities. We discussed with staff the benefits of a forest experience for children and asked them to consider a more robust approach to planning for community initiatives.

How good is our setting? 4 - Good

Quality indicator 2.2 Children experience high quality facilities

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

The service was clean, comfortably furnished and welcoming with good natural light and ventilation. Cleaning schedules and risk assessments were in place and completed as appropriate. Staff worked well together to identify and remove risks to children and arrangements were in place for maintenance and repairs within the setting.

The indoor environments were structured to take account of children's stages of development and learning. 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. However, we found that the setup of some play areas within the 3-5 room lacked sufficient resources to fully challenge children. For example, a hairdressers had been set up within the role play area which contained limited resources which reflected a life like situation. The management team should continue to monitor and build on the resources available and ensure play areas are sufficiently resourced and reflect children's interests.

Use of natural open-ended resources and creative materials within the outdoor environment supported children to explore their curiosity and develop problem solving skills. We observed children constructing a shelter and found that staff occasionally used effective questioning techniques to support children to solve problems and develop new skills.

Whilst we found that children did have access to outdoors, this was not free flow access and was restricted by staff. We observed one child's request to access outdoors delayed and for the children attending the 2-3 playroom this was timetabled by staff and was limited to 30-45 minutes per day. To support children's wellbeing, staff and management should ensure that children have free-flow access to the outdoors at a time that suits their individual needs.

How good is our leadership? 4 - Good

Quality Indicator: 3.1 Quality assurance and improvement are led well

We evaluated this quality indicator 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. Where we identified areas that required some improvement as part of this inspection process, action was taken promptly.

Parents and staff had recently been consulted in the review of the service vision, values and aims. Whilst initial consultation was completed, these had not yet been updated to reflect the aspirations of current stakeholders. We encouraged the management team to conclude this process to ensure a shared vision for staff, children and their families.

Self-evaluation was carried out by staff during in-service days 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. To further strengthen self-evaluation processes, the service would benefit from consulting parents and children in a meaningful way to ensure their views form the starting point for future improvements.

A monitoring calendar was in place and outlined priorities for monthly audits. We found that this had not consistently been adhered to, resulting in missed opportunities to improve experiences and outcomes for children. However, where monitoring had been undertaken relating to learning journals and floor-book planning this had led to increased support for staff and improvements within these areas. To ensure children consistently experience high-quality provision, monitoring arrangements should be extended to include regular monitoring of the environment, staff practice and the quality of experiences for children (Area for improvement 1).

Areas for improvement

1. To inform and sustain improvement in the quality of the service for children and families, quality assurance processes should be further improved. To achieve this, at a minimum, the provider and manager should ensure;

a) Views are routinely sought from children, families and staff on aspects of service delivery and these views are used to inform improvement planning.

b) Monitoring arrangements are extended to include, but not limited to, regular monitoring of the environment, quality of experiences for children, children's personal plans and staff practice. This will ensure strengths and any areas for further improvement are identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement with an organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

Quality Indicator: 4.3 Staff deployment

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

The staff team had experienced some changes since the last inspection and 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 were sufficient staff in place to ensure children were 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 to support children in their care. For example, one member of staff accessed SCERTS training to support children using visual timelines. We observed this positively impacting on children's care and support.

We found that staff deployment impacted on the quality of experiences available to children at key times throughout the day. For example, within the three to five playroom the two mezzanines were not accessible to children until 11:00 and between 11:00 - 12:30 the main playroom was not accessible to children to allow for the preparation and clearing up of lunch. The management team should review the deployment of staff to limit disruption to children's play and learning and to ensure all play environments are available to children.

A robust process for undertaking staff professional development reviews was not in place. As the result, staff did not have opportunities to review with their senior management team their progress, celebrate their success or identify areas of practice for further improvement. This had resulted in missed opportunities to support staff to improve their skills and had the potential to lead to staff feeling unsupported (area for improvement 1).

Few staff engaged with champion roles within the service. Champion roles provide staff with leadership responsibilities to develop an aspect of service delivery. Feedback from staff highlighted that they would like more leadership opportunities and more ownership within their role. We encouraged the management team to support staff to develop leadership opportunities and to continue with their plans to re-establish champion roles. Champion roles should be monitored to assess the impact of these for staff, children and families.

Areas for improvement

1. To ensure staff are confident and supported to reflect on and improve their practice, the management team should further develop their process for undertaking staff professional development reviews. This will ensure that staff are provided with the opportunity to discuss their professional development and identify individual successes, achievements and areas for further development.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

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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