Prestwick North Early Years Centre
Day Care of Children

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
South Ayrshire Council

Service provider number:
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About the service

Prestwick North Early Years Centre is a daycare for children service situated in the town of Prestwick, South Ayrshire. The centre is registered for a maximum of 110 children aged from two years to those not yet attending primary school. Of these, a maximum of 20 children can be under three years of age. The service operates from its own stand-alone premises. Children aged 3-5 years have access to a large playroom with access to a quiet room. Children aged 2-3 years have access to a smaller playroom. Both playrooms have direct access to secure outdoor areas. There is also a large entrance area where children aged 3-5 years have lunch and a parents' room.

About the inspection

This was an unannounced inspection which took place on 14 November 2023 between 09:30 and 16:30. A further visit took place on 15 November 2023 between 09:00 and 17:00. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:
- spoke with children using the service
- reviewed survey responses from thirteen parents and carers using the service
- reviewed survey responses from six staff
- spoke with staff and management
- observed practice and the facilities
- reviewed a sample of relevant documents

Key messages

- Children were confident, happy, and having fun with their friends.
- Staff were kind, caring, and nurturing in their approach to children.
- Leadership promoted shared vision, values, and aims.
- Staff worked well together, creating a welcoming environment for children and their families.
- Planning and monitoring children's play and learning should be enhanced to ensure all children can reach their full potential.
- A clear plan for improvement was in place.
- Further development of quality assurance systems should continue as planned.

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?	5 - Very 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 experienced care and support from a staff team who respected each child as an individual. Interactions between staff and children were warm and caring, which helped create a caring, nurturing environment for children.

Each child had a personal plan that enabled staff to provide personalised care to meet children's individual health, safety, and wellbeing needs. Children benefitted from receiving responsive care linked with home routines. Parents and carers who responded to our survey strongly agreed or agreed that the staff know their child well, including what they like and what is important for their care and were fully involved in developing and reviewing their child's personal plan.

Where children required additional support, staff worked proactively with their families and other professionals to identify next steps and strategies based on individual children's needs. During feedback with the management team, we discussed the importance of staff consistently following the support strategies to ensure children can reach their full potential.

Children's health and wellbeing was supported through regular exercise and fresh air. Children participated in active school activities, visited the local forest, enjoyed playing outdoors daily with their friends in the fresh air, and had fun.

Procedures for storing and administering medication were in place and reflected best practice guidance. The service should continue with the collaborative approach of working with other professionals to ensure that medical records are kept up-to-date and that children remain safe.

Staff valued personal care routines as an opportunity to build relationships with children, and key workers carried this out where possible to support children's emotional wellbeing, privacy, and dignity.

Staff recognised daily routines as a rich opportunity to promote close attachment. As a result, mealtimes were a social time for children and staff to sit together and share stories. Children were encouraged to be independent, going at their own pace while learning life skills. For example, children were encouraged to self-serve and clear away their waste when done. We discussed some areas where mealtimes could be improved. This included ensuring ample space between tables and cleaning the floor and trolley used for food waste between sittings to ensure all children had lunch in a clean and comfortable environment.

Staff ensured children were comfortable, carrying out regular checks on sleeping children. Sensitive arrangements for children's sleep routines supported children's safety, emotional security, and wellbeing.

Quality Indicator 1.3: Play and Learning.

Children had fun as they played sometimes with friends, sometimes on their own, supported by staff to express their thoughts and feelings. This helped children be confident and feel safe to communicate their preferences whilst developing relationships with other children.

Children made choices from the play and learning experiences on offer to them, choosing to play indoors or outdoors for the session. Children who required more adult support to engage in play were supported by staff offering praise and encouragement.

Some staff demonstrated an understanding and knowledge of child development, theory, and practice, such as schematic play to extend children's thinking. Further development of champion roles and working groups will support this for all staff.

Children had some access to resources and play experiences that helped develop their language, literacy, and numeracy skills, for example, listening to stories read by an adult, taking part in activities on an interactive SMART board, and using large blocks to build, with elements of staff extending and building on children's play and learning. However, it needed to be extended across the nursery environment. This would allow children to interact with print, text and numbers in their daily play and progress in literacy and numeracy skills.

Variations in staff knowing when to step back and noticing what the children were involved in to extend play and learning meant there were some missed opportunities when skilled and effective questioning could have further extended children's thinking to explore, experiment, expand ideas and develop more specific language and understanding. The greater use of planned activities could be used to offer challenge and extend the children's play and learning experiences.

Children showed us their 'lab' books, which contained photographs and examples of their play, and they excitedly shared their experiences reflected in the books. These provided information about children's progression and helped them reflect on their learning and recognise and celebrate their achievements. Staff regularly shared the 'lab' books with parents and carers, supporting the partnership between the setting and home. Parents and carers strongly agreed or agreed that they were fully involved and informed about their child's learning and development.

Floor books reflected children's experiences and voices, and children's views were gathered informally from staff during the session. An example was when children reflected on whether they liked their meal during lunchtime. However, some children were unfamiliar with the routine, and only some meal options were available to vote on. During feedback, the management team discussed ways to make this more inclusive.

Though staff carried out observations to help plan for play and learning, further planning process development should be continued to ensure a balance of intentional and responsive play experiences centred around the children's interests with equal access to broad and balanced learning experiences.

How good is our setting? 5 - Very Good

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

Quality Indicator 2.2: Children experience high quality facilities.

Children benefited from a purpose-built building with plenty of natural light and good ventilation. It was a welcoming, hygienic, spacious, safe play space with play materials organised to meet children's developmental stages whilst having fun.

Playrooms were aesthetically pleasing, with high quality furniture offering children meaningful connections. For example, using real furnishings in the home corner provided a meaningful context for children, and comfortable couches in the playroom provided children with space to rest, relax and self-regulate their emotions.

Children benefitted from ample outdoor space to play and learn outdoors in all weathers, moving freely between the indoors and outdoors. Having an outdoor toilet allowed children's play to continue without being interrupted.

Parents and carers strongly agreed or agreed that their children had access to a good range of quality toys and play materials, with one commenting, "The EYC feels very safe and has lots of toys and materials for the children to play with/get involved in. The outdoor space, in particular, is fantastic". However, another parent commented, "We feel it would be beneficial for children to be split into smaller groups and for smaller areas within the EYC to be utilised, e.g., the partitions in the playroom to be closed for a set period of time during sessions to enable all children to utilise the great range of resources available without distractions. We discussed with the management team the importance of intentional and responsive routines to stimulate individual children's thinking and experiences that enrich and support the breadth and balance of learning.

Staff kept children safe through a range of safety measures, for example, attendance records, secure entry to premises, and risk assessments. The entrance to the setting was operated by staff, ensuring no children could leave the building unauthorised and preventing unauthorised access to keep them safe. Staff communicated well with each other and used a register and whiteboard to record children's attendance. They should record these accurately throughout the session to keep track of children's whereabouts.

Staff were mindful of their responsibility to keep children safe and used a range of risk assessments to evaluate potential risks. The manager and staff should continue to monitor and review risk assessments, consider the needs of all children, and undertake regular checks on boundary fences.

Children's confidential files and records were stored safely, and staff were aware of the need for confidentiality around the information shared with them.

There were well managed infection control practices within the service, and children and staff carried out handwashing at appropriate times throughout the day. The safe practices helped to minimise the risk of any spread of infection within the service.

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 well led.

The management team led staff in having a shared vision, values, and aims by consulting with staff and families before sharing with all stakeholders. A strong focus had been on an inclusive and respectful environment, letting children be heard and high quality, engaging experiences accessible to all. We discussed the importance of regularly revisiting the setting's aims to ensure they continue positively informing practice.

Parents and carers strongly agreed or agreed that the service was well managed. Most were confident that the manager had the appropriate skills, knowledge, and experience to care for and support their child's learning. Comments included, "The leadership team are very approachable and down to earth. The centre appears to run very well, there is always plenty going for parents and children" and "Always there when you need to chat about any concerns with child's development and make it so easy to speak to all management and staff".

The ethos and developing culture of the setting demonstrated a strong commitment to children's rights. Relationships with families and children were positive throughout. This supported children and their families to feel valued, safe, and secure. One parent commented, "We feel confident raising any concerns we have and are happy that they are listened to and addressed".

Working in partnership with families and their involvement was important to staff and management. Parents' and carers' views were gathered during drop-off and collection times and at stay-and-play sessions. Most strongly agreed or agreed that they were involved meaningfully to help develop the setting, and ideas and suggestions could be used to influence change. However, some parents felt the communication could be improved with more updates regarding their child's session at specific transition times throughout the day.

Most staff felt fully involved in the self evaluation of the setting. To ensure children receive high quality play and learning, the management team should continue implementing the monitoring calendar focusing on children's experiences and outcomes. This will help to ensure that high quality learning through play is at the centre of improvement planning. All staff should continue familiarising themselves with the Care Inspectorate's quality framework as an additional self evaluation tool linked to the Health and Social Care Standards (HSCS). During feedback with the management team, we discussed that more in-depth involvement and opportunities for parents, carers, and children to be involved would strengthen the process.

A clear improvement plan was in place, reflecting the service's progress since the last inspection. We suggested how staff could share with children using pictorial or digital methods, including them in the plan's progress throughout the year.

Regular staff meetings ensured everyone was informed on what was expected to provide high quality experiences. Most staff felt they had opportunities to meet with other staff and talk about their day-to-day work.

Most staff had regular individual support and supervision meetings. These allowed staff and management to discuss professional developments. Children benefited from some staff undertaking further qualifications that supported their skills and knowledge. We discussed further consideration that could be given for staff to undertake specific training to meet children's individual needs.

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 were kind and caring and wanted to do their best for the children in their care. As a result, the children were happy and settled. Parents spoke highly of the staff team, commenting, "The staff always go above and beyond, and my son comes away every day with the biggest smile. They have helped him come out of his shell massively. Every member of staff is amazing at what they do", and "Amazing staff, friendly and helpful, very good with the kids".

The management team ensured the service was appropriately staffed, taking account of staff knowledge, skills, and experience to ensure children's experience across the whole day was positive and safe. However, considerations should be given to where staff should be best placed to benefit from sharing skills and knowledge and experience positive role modelling for colleagues, helping to develop practice.

Staff breaks were planned to minimise the impact on the children, enabling staff to rest and be refreshed. Management team availability and shift patterns allow for continuity of care to cover breaks. Any planned or unplanned absence was managed with limited impact; the manager could use staff within the team wherever possible. Staff were flexible in their approaches, working together as a team.

Staff communicated well and were respectful of the children and each other. This supported children to develop positive attachments. Children experienced compassionate and responsive care. Affection and cuddles were offered when initiated by the children. For example, some children chose to sit on staff knees when they had a bump.

The staff we spoke to presented as enthusiastic with a commitment and enabling attitude to support children's achievement. Most staff were involved in working groups. However, further time is needed for these to have the full impact and support staff to develop their skills and prompt positive outcomes for children and families.

Staff recognised the benefit of training to upskill their knowledge and practice with an openness to share and learn from each other, which they should continue to build on as a whole team.

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 promote children's emotional wellbeing, the provider should ensure that staff interactions are consistently responsive, warm, caring, and nurturing.

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 feel valued, loved, and secure' (HSCS 3.10).

This area for improvement was made on 30 January 2023.

Action taken since then

We found sufficient evidence to demonstrate that this area for improvement had been met. See key question 1: How good is our care, play and learning?

Previous area for improvement 2

To ensure children's health and wellbeing, the provider should ensure that arrangements for the safe management of medication are improved. This should include, but is not limited to, ensuring written permissions are clear, reviewed regularly, reflect the information provided by the prescribing professional or product information leaflet, and ensuring information about administration is easily accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'Any treatment or intervention I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 30 January 2023.

Action taken since then

We found sufficient evidence to demonstrate that this area for improvement had been met. See key question 1: How good is our care, play and learning?

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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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