Fisherton Early Years Centre
Day Care of Children

Ayr Road
Dunure
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Telephone: 01292 612 049

Type of inspection:
Unannounced

Completed on:
24 April 2025

Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Service no:
CS2003039911

About the service

Fisherton Early Years Centre is located in Dunure, South Ayrshire. It is situated in a section of Fisherton Primary School. The service is provided by South Ayrshire Council.

The service is registered to provide a care service to a maximum of 14 children aged three years and over.

Children have direct access to a playground that is shared with the primary school. Although rural, the centre makes use of the local bus to nearby parks and woods. Children can walk to a village shop, harbour and beach area.

About the inspection

This was an unannounced inspection which took place on 23 and 24 April 2025 between 08:30 and 16:00. We gave feedback to the service onsite on 24 April 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- observed and spoke with several children using the service
- sent out a family questionnaire and received two responses
- spoke with three families face-to-face or by telephone call
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff knew children and their families very well.
- Personal plans were in place for all children.
- Mealtimes were sociable and engaging for all children.
- Infection prevention and control measures were in place to keep children safe and prevent risk of spread of infection.
- Monitoring and supervision of staff should be improved to support outcomes and experiences for all children.
- Staff deployment should continue to be considered to ensure positive outcomes and experiences for all children.
- Entry and exit gates must be secure at all times.
- Quality assurance, self-evaluation and improvement planning should be improved to support better outcomes for children.

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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children's overall wellbeing was being supported by loving staff who helped the children to feel secure. Staff knew children and their families very well and they could tell us about their likes, interests and support needs. When children required extra support, staff worked closely with other professionals to identify appropriate strategies to support children's progress. However, links with parents and other professionals were not yet resulting in positive outcomes for all children.

Most children were happy to be at nursery. They enjoyed playing with the resources available to them and exploring the playrooms. Staff were kind and caring towards children. Whilst there were sufficient staff in the service to supervise children, their individual needs were not always being met. Staff attention was mostly directed toward managing and responding to children's actions. This resulted in some children not receiving quality interactions from staff. As a result, their experiences and outcomes were being affected.

When children required personal care such as nappy changing, staff addressed this sensitively. This ensured that children's privacy was respected. Children's dignity was fostered by staff supporting children with personal care, for example when wiping their noses and washing their hands. When staff's focus was elsewhere, some children's needs were not being fully supported. For example, children were given the door fob to allow themselves to exit the room to access the toilet. Whilst this promoted independence, it increased risk to children and compromised the level of nurture children received.

Children enjoyed eating together in their small group in an unhurried and relaxed atmosphere. Staff sat with the children and some also chose to eat with them. It enabled staff to focus on the needs of the children and also helped to promote close attachment. A few children were not eating and they benefited from staff prompts and words of encouragement. Children were able to serve their meals, pour their own drinks and clear away their dishes/plates. This supported independence skills and learning. A set rolling menu provided healthy food options and complied with children's dietary needs and/or food preferences.

Children had access to fresh water throughout the day. This ensured that children remained hydrated.

Some arrangements were in place for children who needed to sleep at the setting to support their development and emotional wellbeing. We discussed the benefits of quiet/rest areas being prominent and available within the playroom. Ensuring that they are enticing and cosy would enable children to choose comfort, relaxation or the opportunity to self-regulate.

Families had been involved in their child's personal plan. Review methods supported sharing of information between staff and families. However, when a child was struggling to self- regulate, identified strategies within their personal plan were not used by staff, as a means of ensuring the right support was offered. Strategies based on children's individual needs should provide a consistency of approach between home, the early years centre and any outside agencies involved.

Quality indicator 1.3: Play and learning

Children had opportunities to play and engage with the environment. However, a lack of stimulating resources in the environment meant that staff were mostly engaged in managing and responding to children's behaviour. This impacted on staff's ability to deliver high quality play experiences for children (see area for improvement 1).

Planning approaches to play and learning lacked careful direction and appropriate adult input. There were missed opportunities to extend children's creativity and choices through play experiences. For example, children were happily engaged with some, well discussed, risky play outside on wheeled boards. When staff intervened to reduce the risk, children lost interest. As a result, this reduced children's opportunities to lead their own play and learning.

On the second day of inspection, more resources had been made available and we observed improved play experiences. However, due to staff changes on day two, children were cared for by staff who were unfamiliar to them. This impacted on their emotional wellbeing. Families should be kept informed and introduced to all staff in the team who may be caring for their children. This would enable them to build positive relationships and contribute to children experiencing continuity of care across the day. We have made an area for improvement. See area for improvement 1 under How good is our staff team?

We observed children who displayed schematic behaviour. This is repeated actions or behaviours that children display as they explore the world around them and try to find out how things work. Staff had received training to support them to recognise schemas when they are exhibited. This training should continue to be embedded in day-to-day practice in order to ensure children's learning is extended by knowledgeable, skilled staff who can match curriculum content to children's individual interests.

All children had learning journals that recorded information about their individual learning. Progress was being tracked. However, next steps in individuals' learning had not been identified in order to inform the planning cycle. This meant that children's learning experiences were not fully relevant to support the individual child.

Areas for improvement

1. To further support children to be meaningfully and actively involved in their play and learning, the manager and staff should further develop a balance of spontaneous and planned high quality play experiences that promotes children's curiosity, extends thinking and consolidates their learning. This should include access to a wide range of high quality resources.

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 can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity" (HSCS 2.27).

How good is our setting? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 2.2: Children experience high quality facilities

Children benefited from being cared for in a light and bright setting that was equipped with good quality furnishing. Neutral décor, windows and direct playground access provided plenty of natural light and ventilation that helped to promote children's psychological wellbeing. It helped to give the message to children that they mattered.

The setting was clean and well-maintained. Infection and prevention control supported the wellbeing of children through practices such as good hand hygiene. Children washed their hands well before and after eating. We advised that encouraging and supporting children to wash their hands following outdoor play would also support robust practice. Where children needed personal care, the use of disposable gloves and aprons, also helped to minimise the potential spread of infection.

During the inspection visit, we observed that the gates to exit the outdoor space were not secure, and posed a potential risk to children having access to the school car park and a very busy road nearby. We asked the provider to ensure the gates were secure at all times and have made a requirement about this (see requirement 1).

The indoor and outdoor environments were being developed to take account of the children's ages and stages of development and learning. The outdoor play area was an identified area for improvement. It should continue to be developed to further promote curiosity, creativity and enquiry skills, for example, access to mud, water and recipes in the mud kitchen would be beneficial. This would ensure children experience high quality play experiences.

Children were enjoying both the indoor and outdoor play spaces, when access was available. For example, we saw children having to wait to access the outdoor playground. We discussed the benefits of children being able to free flow between the spaces throughout the day. Consideration and risks assessments would require to be undertaken to ensure staffing numbers, hazards and visibility of all areas were assessed. Children were dropped off and collected from the playground. Collection and drop off times would be safer to be undertaken through the school front door. This would enable staff to manage the potential risk of children leaving the setting unaccompanied.

The protection of children's personal information complied with relevant best practice.

Requirements

1. By Friday 30 May 2025, the provider must ensure children's safety. To do this the provider must at a minimum:

a) ensure exit points are secure at all times

b) all risks and any action identified to mitigate/eliminate such risk are clearly recorded and kept under review.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19) and "I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions" (HSCS 2.25).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvements are led well

The head teacher of Fisherton Primary School and Maidens Primary School is the registered manager of Fisherton Early Years Centre. Management and staff were friendly, approachable, and participated in the inspection process. They recognised that improvements were necessary to achieve better outcomes for children and told us they were willing to be involved in the development of the service.

There was a lack of clarity around day-to-day leadership and staff roles and responsibilities. This impacted on the quality of the service delivered. In order for the service to improve, clear roles and responsibilities should be established. This would help staff to feel valued, respected and confident in their roles.

Management and staff had identified areas for development in their improvement plan. These areas were linked to literacy, numeracy and health and wellbeing. We could see how the service was working hard to strengthen communication with parents around children's development and nursery activities. For example, there was a question of the month which parents were able to comment on. Children's rights were also being promoted. Management and staff should continue to embed the other aspects of the improvement plan to further develop literacy, numeracy and health and wellbeing.

Parents told us they had many opportunities to provide feedback on the setting through questions, questionnaires and being welcomed into the setting on a regular basis, such as drop off and pick up times. Parents told us they felt "involved and informed about their child's play and learning". This helped them to feel included in the service.

Management had quality assurance processes in place to ensure that the quality of the service was monitored and assessed. For example, using Education Scotland's How good is our early learning and childcare? as a guide for self-evaluation. In addition, management had a quality assurance calendar to track the evaluation of practice and staff development. Management acknowledged they should continue to develop, implement and embed robust quality assurance systems to monitor and evaluate all aspects of the service, placing high quality play at the heart of their improvement planning (see area for improvement 1).

Areas for improvement

1. To support and sustain continuous improvement throughout the service, management and staff should embed robust systems including the impact and review of identified targets to monitor and evaluate all aspects of their service delivery and place high quality play at the heart of their improvement planning.

This is to ensure that management and leadership 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) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 4.3: Staff deployment

Staff recognised the key role they could play in making improvements. Staff told us they felt there was unclear management roles within the early years team at Fisherton Early Years Centre. This impacted on staff's wellbeing. A whole team approach is required to ensure that improvements are identified, fully implemented and sustained.

We acknowledged current management and staffing challenges. However, we found that staff were not always effectively deployed, with the right skills and experience, to meet the needs of all children across the nursery. For example, we saw children being directed by staff rather than staff following the child's interests. We also observed play opportunities being interrupted by staff. Key resources were not available for children to use, for example QR codes were displayed but the technology to use them was out of children's reach. This meant that outcomes and experiences for children were affected.

Weekly team meetings were recorded and actions identified. A designated principal teacher was in place for one day each fortnight. We suggested this role has a clearer leadership focus to drive improvements in children's experiences and outcomes. Future planning should prioritise leadership development, creating pathways for progression to empower staff and strengthen the overall team dynamic.

The management team had ensured staff had undertaken a range of core training including child protection, infection prevention and control and food hygiene. Additional training had also been offered to staff in relation to child development, schematic play, self-evaluation and mealtimes. However, we did not always see practice to be consistent with this training. This impacted the quality of experiences for children. In order for staff practice to improve, there must be a clear and consistent process for monitoring and supervising staff. This would assist in identifying areas of strength and any training needed to support improvement.

Areas for improvement

1. To support improvements that enhance the delivery of high-quality practice and improved outcomes for all, leaders should clearly communicate to children and their families who will be caring for them.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.16).

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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