Primary Playcare - Woodfarm
Day Care of Children

c/o Woodfarm Pavilion
Berryhill Drive
Giffnock
Glasgow
G46 7AS

Telephone: 01416 440 111

Type of inspection:
Unannounced

Completed on:
17 November 2023

Service provided by:
Primary Playcare Limited

Service provider number:
SP2004004956

Service no:
CS2004083828

About the service

Primary Playcare - Woodfarm is a registered service offering day care of children. It operates from within a local Pavilion in the Giffnock area of East Renfrewshire. It is close to local shops, amenities, and access to public transport links. The service is registered with the Care Inspectorate to care for a maximum of 49 children attending primary school. It is one of four services provided by Primary Playcare and operates Monday to Friday from 07:45 to 09:00 hours and 14:45 to 18:00 hours term time. During the school holidays, the service can operate from 08:00 to 18:00 hours. At the time of inspection, the provider was only running the club during term time. Children using the service have access to the main hall, two smaller upper hall rooms and vast outdoor spaces within the local community.

About the inspection

This was an unannounced inspection which took place on 15 and 16 November 2023. 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 three staff, and three management
- observed practice and daily life
- reviewed feedback from five staff
- review feedback from nine families
- reviewed documents.

Key messages

• Children were happy, settled, and confident in the setting.

• Staff worked well together to provide a fun play experience that met the wishes and interests of children.

• Children's views were being used to shape the play spaces and resources used.

• Children's care and learning routines were individual to their needs and delivered with kindness and compassion.

• The manager was now gathering families' views and using these as a starting point for improvement.

• The manager had recorded a comprehensive development plan that supported the self-evaluation and improvement planning or the service.

• The management team should continue with their plans to further develop the snack experience 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?	5 - Very Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning? 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 1.1: Nurturing care and support.

Children experienced a warm and caring approach from staff. Staff knew children very well, and spent quality time chatting with them, learning about their day. We observed staff responding to children's requests sensitively and respectfully. This was supporting children's confidence and overall wellbeing. Parents who provided feedback were positive about the care and learning their children received at the club. Comments we received included:

"Staff very friendly and care for the children very well."

"Level of attention and care is one of the best! Extremely friendly staff. My daughter loves the place due to highly engaging activities and overall fun & safe environment."

Children enjoyed a sociable snack experience with their peers. They were highly involved in choosing the snack menu and preparing the snacks on both days of inspection. The snack options were nutritious and supported children's food preferences and allergies well. The manager told us they had agreed at the latest staff meeting to make some changes to the snack experience, these included allowing children to self-select the snacks from the table where they sat, instead of queuing at another table before sitting down, and having a lower number of children for snack at one time. On the second day of inspection, the staff actioned this. We noted time was spent talking to children about the changes to the routine, and children benefitted from the changes as staff were able to sit with the children and encourage their social skills.

We found the storage and administration of medication to be in line with current best practice guidance. The management team were auditing this monthly. This meant when children required medication it was stored and administered safely.

The manager and staff team had developed and implemented a robust personal planning process. All plans were completed in line with current guidance. New children had a plan within 28 days of starting the service, and all children's plans were reviewed a minimum of every six months. All parents who provided feedback agreed or strongly agreed, 'I am fully involved in my child's care, including developing and reviewing their personal plan'. Children completed the 'all about me' section of the plan. Children were able to fill out their likes, preferences, and interests in the plan. This robust approach to personal planning meant that staff were able to respond to children, quickly and sensitively, in line with their needs, personal interests, and preferences.

Quality indicator 1.3: Play and learning.

We observed children to have a wide range of experiences to choose from. The resources and experiences were informed by staff consulting with children throughout the session to ensure their needs and interests were being met. When speaking with staff and children, they described children's choices within the service being a key strength. Comments we received included:

"I love it here, especially all the arts and crafts."

"We have a kids council and we gather everyone's ideas and choices, not just one person's."

The children's choices were evident through the records we reviewed, including planning, mind maps, children's newsletters, and children's council meeting records. This meant children benefitted from a staff team who respected their individual choices and right to play.

Staff described to us how they responded to children's interests daily by taking observations and talking with children and fellow colleagues to plan for the next day. Children explained how staff gathered their views, suggestions, and interest to inform planned experiences. We observed children celebrating kindness week by doing various kindness activities and creating zen gardens to support their wellbeing. We concluded children were having fun and enjoying their learning and development opportunities. Staff were building confidence in planning play and learning opportunities that were responsive to the children's expressed interests. Children were happy and confident.

We noted that children had the opportunity to be responsible citizens and contribute to the setting and community in a purposeful way. For example, children and staff told us how children had chosen to support their local community by running a reverse advent calendar throughout December. Children told us they were making posters to encourage people to donate items that they could gather and then donate to the local food bank. This meant children were encouraged to develop their links within the community through rich play and learning experiences linked to their choices and interests.

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 and welcoming with plenty of natural light and ventilation through open windows. The space available to children was maximised to meet children's needs. We noted there were areas for children to rest and relax as well as take part in group experiences that were planned linked to children's interests. Children had a great sense of ownership within the setting; they told us they were able to select resources at ease and adapt spaces. Children talked about the children's council and how they made decisions about the resources that could be purchased, and how the spaces were set up. This allowed children to feel valued and listened to.

Both indoor and outdoor spaces were developmentally appropriate for children. On both days of inspection, the experiences on offer reflected children's interests and curiosities. Children were regularly asking to go outdoors, and staff were responsive to this. Staff understood the need to ensure that children were aware of the agreed areas around the building that could be safely accessed. We noted the service could benefit from outdoor lighting to extend the time they can play outdoors. When we provided feedback, the manager and provider shared they have purchased outdoor lighting to support this. This lighting was not used on both days of inspection. The manager shared they will ensure this is used daily to ensure children have safe access to the outdoor area.

An effective register was in place and this supported staff to account for children. Staff made good use of walkie talkies within the service to communicate and share where the children were at any one time. This supported children's opportunities to move between the four rooms and outdoors as they wished.

There were well functioning arrangements in place for monitoring, maintenance, and repair of the setting. We noted the manager had developed a trusting and positive relationship with the facilities team who were on hand to report any maintenance issues and arrange swift repair. Robust risk assessments were in place, they highlighted possible risks and the actions required to mitigate these. This meant children were being cared for in a safe and well-maintained environment.

At the previous inspection, we made an area for improvement around handwashing. We noted the service had made significant improvements to the frequency of children's handwashing. Children were now washing their hands on arrival, when coming in from outside, before and after snack. We noted the service had robust arrangements for cleaning the play spaces and toys. On the first day on inspection, we spoke to staff about the effective use of personal protective equipment (PPE). We observed staff were using this to support the delivery of snack. We encouraged the service to replace this with effective handwashing for staff. We observed staff practicing effective handwashing on day two of the inspection. All staff had taken part in infection, prevention, and control (IPC) training through Taurus. This supported IPC to be well managed, minimising the risk of the spread of infections for children and staff.

How good is our leadership? 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 3.1: Quality assurance and improvement are led well.

Positive working relationships between the operations manager, manager and staff contributed to a shared vision for the service. All staff we spoke with suggested they felt confident in their role and well supported in their practice. Staff spoke positively about the opportunities they had to meet as a team. They felt their views and ideas were welcomed by the management team and influenced what happens in the service. This contributed to a shared responsibility towards achieving positive outcomes for children.

Children told us they felt included in the service and knew their ideas would be listened to. For example, children told us staff took time to gather their views and ideas to shape the set-up of the club areas, and the experiences on offer each day. The manager and team valued families' views. We observed people's views being gathered informally at collection time. Staff took quality time to chat with parents when they came into the building to collect their child. We reviewed evidence of effective communication with parents via email, monthly newsletters, and information boards. We noted the manager had begun to formally gather people's views through parent survey and was responding to parents' views and requests, using these as a starting point for improvement.

The manager had been using the Care Inspectorate framework for self-evaluating the service. The manager had developed a comprehensive development plan. This was used to summarise the self-evaluation activities of the service and plan improvements and enhancements to practice. A programme of staff appraisals had taken place; this along with the frequent staff meetings, allowed for the team to reflect on their practice and plan changes in line with their plan. This meant children benefitted from a staff team

who were reflected on their practice and used self-evaluation activity to deliver high quality care and support that is tailored towards children's and families' particular needs and choices.

How good is our staff team? 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 4.3: Staff deployment.

Staff worked well together and were committed to improving outcomes for children and their families. They communicated well with each other to ensure they maintained quality interactions with children. A professional who supported the service described staff communication as the service's main strength. Staff had established trusting relationships with parents and children. Feedback from parents about the staff team was positive. One person said, "Can't speak highly enough of the team." This meant children benefitted from a staff team who communicated and worked well together to support high quality outcomes for children.

Staff were enthusiastic and keen to develop their skills. They were placed throughout the service in an effective way, respecting children's privacy and dignity, but also ensuring children were safe and secure. They had undertaken a range of training opportunities, including first aid, child protection, food hygiene, and adverse childhood experiences (ACE's) awareness. Staff spoke positively about the training opportunities they had and how it had benefitted their practice. We concluded children benefitted from a staff team who were keen to reflect on their practice and better their skills to provide high quality play and learning.

There were systems in place to support and manage absence within the service. Staff from sister services could be deployed to support services when required. To support relationships, the provider and management teams across the whole provider group, had created opportunities for the services to take part in group experiences, with both staff and children. This included team meetings, training and a shared sports day experience for children. This meant when staff covered in other services, they were familiar to the other staff and children. This supported staff confidence and team working skills and ensured continuity for children.

As well as the appraisal programme, a new induction programme supported new members of staff and helped them feel welcome and valued in the team. Almost all staff who provided feedback strongly agreed ' I have regular individual support and supervision with my manager'. The manager had developed the induction programme to take account of the national induction resource. This meant children benefitted from a staff team who understood their roles and were skilled and motivated to provide high quality care and responsibilities towards improving children's outcomes.

Staff were recruited safely, and they were registered with Scottish Social Services Council (SSSC) within the first three months of their employment. The SSSC provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. Some staff were required to complete qualifications to meet their registration. The provider had sourced these, and staff told us they felt supported throughout their qualification by the organisation and managers.

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 support children's health and wellbeing, the service should ensure young children practice good hand washing techniques.

National Care Standards for early education and childcare up to the age of 16, Standard 2: A safe environment.

This area for improvement was made on 16 January 2023.

Action taken since then

The service had made significant improvements to supporting children with effective handwashing. We observed children washing their hands at key times in line with infection prevention and control guidance.

This area for improvement has been met.

Previous area for improvement 2

To ensure children benefit from a service committed to continuous improvement, you, the provider, should consider how self-evaluation and quality assurance systems can be developed. The self-evaluation process should involve and include the views of staff, children, and families.

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

This area for improvement was made on 16 January 2023.

Action taken since then

The manager and team had made significant progress with this area for improvement. A robust quality assurance process was in place and was informed by Care Inspectorate guidance: 'A quality framework for daycare of children, childminding and school-aged childcare'. This included the implementation of a robust development plan. People's views were being gathered to support the self-evaluation and improvement planning of the service.

This area for improvement has been met.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very 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?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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