Little Flyers @ Broxburn
Day Care of Children

88 West Main Street
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Type of inspection:
Unannounced

Completed on:
23 October 2024

Service provided by:
We Care for Children Limited

Service provider number:
SP2010011353

Service no:
CS2011280406

About the service

Little Flyers @ Broxburn is registered to provide care to a maximum of 80 children at any one time between the ages of birth to entry into high school; with a maximum of 15 children under two years; and a maximum of 30 primary school aged children.

Care is provided from a two storey building located in a residential area of Broxburn. The ground floor playrooms are occupied by the 0-2 and the 2-3 age group. The upstairs level is occupied by the 3-5 age group and the after school service. Children also had access to a large secure garden to the rear of the property. The service is close to local amenities, schools and green spaces.

About the inspection

This was an unannounced inspection which took place on Tuesday 22 October 2024 between 09:00 and 16:30 and Wednesday 23 October between 09:00 and 14:30. 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 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 and one of their parents. We also took into account information from 15 questionnaires we received;
- spoke with 10 staff and management;
- observed practice and how children's care, learning and routines were supported;
- reviewed documents.

Key messages

- Children experienced warm, caring and nurturing interactions from staff.

- To monitor and assess the service, the new manager had introduced quality assurance systems.

- The deployment of staff should be reviewed so that children can access all areas of the service.

- To support the development of the staff team, the manager should continue to embed the use of supervision and support leadership at all levels.

- Decoration had improved the environment 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?	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 this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator 1.1: Nurturing care and support

There was a positive ethos within the service which meant a culture of respect and inclusiveness had been created. Children experienced positive interactions from all staff and we saw they had developed nice friendships with each other. Children therefore felt valued as the supportive interactions meant their well-being was catered for. Children shared "The ladies are really kind and help us if we are upset."

We saw that staff were responsive to children's moods, changing needs and non verbal communication. Approaches to personal care were carried out in a respectful and caring way. If they said no, children experienced their views being listened to as staff said they would try later. This enabled children to influence the pace of their day and have uninterrupted play.

Up to date information had been gathered about children's individual needs. Staff talked knowledgeably about children's routines and how they supported them throughout the day. Children benefitted from this consistent approach as staff cared for them in ways that were familiar to them. For example, they had comforters or were settled to sleep which followed their routines.

Personal plans, all about me and the famly app kept parents up to date about their children. While we were confident that children's needs were being met, staff continued to develop the use of personal plans. For example, they needed to record more detail about strategies or techniques used to support children. We made an area for improvement about this at the last inspection. It had not been fully met, so we will update it to reflect action taken and state a new one. **(See area for improvement 1)**. Parents said "Staff are very accommodating should we ask to make any changes to our child's care plan and have continued to support our child through various changes. Care plans are reviewed, however, may be beneficial if they were discussed again during regular development reviews with key worker." And "Involved with the development plan i.e putting it together .....we just want to be more involved or know how they are implementing these plans."

Meal and snack times were relaxed and sociable for children. We saw children had opportunities to develop their self help skills. For example, older children served themselves at lunch time, poured their drinks and tidied up when they were finished. Younger children were encouraged to choose their own bib and feed themselves. Children benefitted from, and enjoyed the social time as they chatted with friends and staff.

If children required medication, we confirmed there was an established system in place to manage this. This meant it was stored safely with appropriate information was recorded. We asked that the audit system in place for medication was more effectively used. It should clearly show that all elements of best practice is followed.

Quality Indicator 1.3: Play and learning

Children benefitted from a well organised environment where a range of activities supported their learning and development. A variety of open ended resources and activities helped children use their imagination,

curiosity and investigation. Staff used questions to support children's play and learning. One child said "I want to make a rainbow." As a result, their shared their ideas were used to develop their play. We saw children who were busy and engaged in what they were doing.

Staff responded to children's interests. For example, they provided activities to mix paints, talk about animals and Halloween. Through these, children were supported in literacy and numeracy as they sang songs, read stories and talked about what they were doing. We asked the service to improve the opportunities for extending literacy and numeracy outdoors.

Children had opportunities to play outside in the enclosed garden areas. Children on the ground floor benefitted from direct access to the garden. Children from the first floor, were supported by staff when they wanted to go to the garden. They developed their physical skills as they ran around and played on large equipment. We asked the service to ensure school age children had daily opportunities to play outdoors if they wanted to.

Planning to support children's learning, interests and development could be further developed. Staff should continue to be supported to understand planning and the purpose of evaluating children's experiences. This would enable them to assess the impact on children's learning and identify 'next steps' for their continued progress. We made an area for improvement about this at the last inspection. It had not been fully met, so we will update it to reflect action taken and state a new one. **(See area for improvement 2).**

Some observations were in place, but not recorded often enough to affectively to impact on children's learning. To improve this, staff should be supported to develop the use of observation to assess children's progress and identify 'next steps'. This will help plan experiences to extend children's interests and encourage them to reach their potential.

Areas for improvement

1. For children's health, welfare and safety needs to be fully met, the provider should continue to develop children's personal plans. They should include information about strategies and techniques used to support children. At review and in consultation with children and families, the impact of these should be evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. For all children to develop and learn at an appropriate pace staff should be supported to further develop planning. They should consider how they evaluate the impact and outcome of activities children participate in. This would enable them to plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning. This should include current national practice guidance to deliver high quality play and learning experiences. Staff should then apply their training in practice to improve outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

How good is our setting? **4 - Good**

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality indicator 2.2: Children experience high quality facilities.

A warm, welcoming and well organised environment had been created for children. Appropriate resources that suited children's development and learning were organised in each room. Children could have quiet time to rest if they wanted to as some cosy areas were available. In the 3 - 5 room, more soft furnishings could be added to the sensory room. This will enhance comfort for children if they chose to to have a quiet time or rest. Children had positive experiences as staff listened to them and supported their choices which influenced the pace of their day .

A safe environment was promoted by the use of risk assessments and daily safety checks. For example, we saw that staff checked the outdoor area before children went out. A secure door entry system meant staff knew who was in the building. Procedures for maintenance were in place so repairs needed were reported and addressed. Recent decoration had been carried out which had improved the appearance of rooms. We talked to the manager about continuing to improve facilities. For example, the staff toilet needed upgrading and the stair gates could be replaced. We reminded the manager to notify the Care Inspectorate of any major maintenance work planned.

Measures were in place to minimise the spread of infection. Attention to detail would improve this. For example, while children washed their hands they were not always supported to use running water and soap at key times. Hand washing sinks in the under 3's provision were not in working order. Staff need to consider guidance and think about solutions to improve this. Outdoors hand washing should also be included as part of this. In addition cleaning should be monitored to ensure it is carried out to a satisfactory standard. We made an area for improvement about this at the last inspection. As it was not fully met, we will review and update it. **(See area for improvement 1.)**

An outdoor classroom and planters had been added to the garden area. They were still in the process of being fully used as part of the provision for children. These resources offered the opportunity to extend the range of activities outdoors and enrich children's play and learning.

Areas for improvement

1. To support children's health and wellbeing, improvements should be made to infection, prevention and control procedures. The provider should give priority to, but not limited to the following areas:

• improved approach to consistent effective handwashing by repairing sinks or ensuring children have access to warm running water.
• continue to identify and replace hard to clean items such as stair gates.

This is to ensure care and support is consistent with Health and Social Care Standards, which state that: 'My environment is secure and safe' (HSCS 5.17).

How good is our leadership? 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator 3.1: Quality assurance and improvement are led well.

Observation of staff practice and audits had been introduced to monitor the work of the service. This had helped identify what was going well and areas for development. To enable staff to develop their skills and knowledge in quality assurance, we advised signposting them to relevant guidance. This will help them measure the impact of changes made to improve outcomes for children.

Opportunities were available for parents/carers to share their views about parts of the service. For example, when how involved they felt in the nursery. Their opinions were collated and enabled the service to identify action points. There was mixed views from parents who shared "There definitely has been a shift in involving parents more within the setting - we appreciated a recent stay and play and would welcome the opportunity to do this again with our child, as well as any other involvement activities." And "Only recently was a survey done to see how parents felt and the published results were not as positive as expected." Most parents felt they were were 'always respected and listened to'. The service should build on and extend the range of ways that feedback is sought and acted upon. This would further develop partnership working.

Staff contributed to the development within each room. Team work supported change to improve children's experiences. For example, outdoor clothing was now outside which had created more space indoors. Moving forward, staff should develop the use of reviews to evaluate the impact of change to ensure the desired aim is being achieved. Recording examples that have promoted positive outcomes for children will help staff develop their skills in assessment. It will support reflective practice and enable continuous improvement as staff develop confidence in evaluation.

To improve outcomes for children, the manager should continue to develop and embed quality assurance at all levels. This will give an overview of how the service is performing and enable gaps in the provision to be addressed.

How good is our staff team? 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator 43 : Staff deployment

There was a mix of staff skills and experience within the team. Staff changes had been well managed which meant newer staff had settled in as they had felt supported. This resulted in a shared ethos as they had developed positive working relationships.

Induction, team meetings and access to training were used to develop the staff team. These opportunities helped identify staff skills, areas of interest and supported professional development. As a result, some staff had started to take on leadership roles. We identified that record keeping could be improved within induction records. It should be ensured they are fully completed and used to evaluate staff practice. This will help identify staff skills as well as areas they need support with. Children and families would therefore benefit from a well supported and trained staff team.

While ratios were maintained, at times staffing levels were not effective in ensuring high quality outcomes for children. We confirmed there were times when some children's access to activities could be restricted. For example, access to outdoors for school age children was restricted as there was not enough staff to supervise indoors and outdoors. When using all areas, staff made good use of walkie talkies to

communicate with one another to request support if required. Sometimes this impacted on children's experiences as it took time for staff to respond to requests. We suggested the management team work with the staff to further review their deployment. This would help children benefit from using all areas in the service. **(See areas for improvement 1).**

The service followed safe recruitment procedures which ensured children were cared for by staff who had the right skills, experience, and qualifications. We suggested they record dates when information was requested and received. This would provide an overview and confirm all necessary checks had been undertaken. Arrangements for staff absence were managed well. The provider had their own agency staff who worked in all the Little Flyers services. So children experience consistent care, they should continue to be supported by the different services they work in.

Areas for improvement

1. To enhance outcomes for children through effective supervision and quality engagement, the provider should support staff to be more proactive in recognising where gaps exist when considering staff deployment within teams. They should be mindful of this at busier times of the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me.' (HSCS 3.16).

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

For children's health, welfare and safety needs to be fully met, the provider should ensure that all children's personal plans, including registration information is reviewed and updated in consultation with children and families. Plans should be reviewed when changes to information occur, or at least every six months.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 15 June 2023.

Action taken since then

All plans had recently been updated with families. Information was recorded in the famly app and 'All about Me's' using the wellbeing indicator headings were used to inform of children's current needs, wishes and choices. These will be reviewed monthly. Support plans are in place with strategies that should be used to support children. These need to be more detailed for some children and include information shared by other agencies involved in supporting children.

This area for improvement has **not been fully met** so we will update it to reflect the findings at this inspection.

Previous area for improvement 2

For all children to develop and learn at an appropriate pace whilst being supported to direct and lead their learning, try out their ideas and test their own theories, the provider should ensure that all staff develop their skill of supporting and extending children's learning. This would enable them to plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning. This should include current national practice guidance to deliver high quality play and learning experiences. Staff should then apply their training in practice to improve outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

This area for improvement was made on 15 June 2023.

Action taken since then

While we saw some progress with how children were supported in their play, planning records needed to be further developed to support children's learning and continued progress. Evaluation of plans are not being reviewed regularly or with purpose. Staff should be supported to evaluate plans so they can assess impact on children's learning and effectively plan 'next steps'. As part of this process, they should also develop the use of observation across the service.

This area for improvement has not been fully met so we will update fit to reflect the findings at this inspection.

Previous area for improvement 3

To support children's health and wellbeing, improvements should be made to infection, prevention and control procedures. The provider should give priority to, but not limited to the following areas:

- touch points cleaned and repainted;
- improved approach to consistent effective handwashing;
- ensuring good general housekeeping and assessing potential hazards to reduce risks to young children.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 15 June 2023.

Action taken since then

The service was cleaner and had been decorated, which reduced risk of spread of infection. Some items, such as the stair gates still posed a risk as they have broken surfaces which can harbour germs. The provider should consider a different covering or replace them. Handwashing could still be improved as not all children were being supported to wash hands using soap and running water at key times such as before and after lunch.

This area for improvement has not been fully met so we will review and update it following our findings at this inspection.

Previous area for improvement 4

To enhance outcomes for children through effective supervision and quality engagement, the provider should support staff to be more proactive in recognising where gaps exist when considering staff deployment within teams.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me.' (HSCS 3.16).

This area for improvement was made on 15 June 2023.

Action taken since then

The manager had started to build relationships with staff and support them through supervision and monitoring. They should continue to embed these systems so they are effective across the staff team. At busier times, staff deployment still needs to be considered to children are supported.

This area for improvement has not been met so will continue it.

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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