Little Stars Falkirk
Day Care of Children

Falkirk Stadium
2 Stadium Way
Falkirk
FK2 9EE

Telephone: 01324 636 377

Type of inspection:
Unannounced

Completed on:
15 January 2025

Service provided by:
Little Stars (Stirling) Limited

Service provider number:
SP2011011652

Service no:
CS2011299469

About the service

Little Stars Falkirk is a daycare of children service situated at Falkirk Stadium. All facilities are on one level. Children have access to an entrance area, designated playrooms, toilets and nappy changing facilities. The outdoor outside play area is a short distance from the service.

The service is close to local amenities such as local woods and places of interest which children benefit from.

The service works in partnership with Falkirk Council and is registered;

1. To provide a care service to a maximum of 73 children at any one time as follows:
A maximum of 24 children up to the age of 2 years with a maximum of 12 children aged under 12 months.
A maximum of 25 children aged 2 years to under 3 years
A maximum of 32 children aged 3 years and over.

About the inspection

This was an unannounced inspection which took place on Tuesday 14 January 2025 between 08:45 and 16:00 and Wednesday 15 January between 08:30 and 14:30. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- talked to, observed and played with children using the service. We received 24 completed electronic questionnaires from them

- spoke with nine staff and management

- observed practice and how children were supported with their routines, play and learning

- reviewed documents.

Key messages

- Children had developed close bonds with staff and benefitted from the kind and caring interactions which supported their emotional well-being.

- The staff team was more settled and had developed confidence in their role which provided children with consistent care and support.

- The management team had led change which had supported staff development.

- Information within children's personal care and support plans had been reviewed and updated. Staff should continue to develop their use by adding strategies and techniques used to support children.

- Systems to support children's learning, were still being developed. As part of this, 'next steps' for children should be used more to ensure they continue to make progress.

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. Parents shared "They have amazing, caring staff that would do anything to take care of the kids couldn't ask for better staff!" And "I like how much personal interest every staff member takes in her (child)."

We saw that staff were responsive to children's moods, changing needs and non verbal communication. If needed, children had their comforters which offered them reassurance. Approaches to personal care were carried out in a respectful and caring way. Children experienced their views being listened to as staff always asked for permission before carrying out personal care.

Personal plans had been updated with information about children's individual needs. Using the well-being indicators and 'what matters to me' meant children's current needs were known. Staff talked confidently 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. Parents shared "I have completed a personal plan whilst sitting with a member of staff who has taken notes of all things I am looking for in regards to my sons care." And "I feel very involved in my children's care with the feedback provided on the app and also at handover."

Personal plans and online journals kept parents up to date about their children. While we were satisfied that children's needs were being met, staff should continue to develop their use. For example, the strategies used to support some children were not detailed in the plans. Staff should ensure they are included so they can be reviewed to ensure they meet children's needs. The review process could be further developed to show the progress children have made and how changing needs are being met. While most parents felt involved, a few would like more opportunities. One parents said "Feel there could be a little more involvement/information on how my child is developing in the setting." 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).**

Meal and snack times were relaxed and sociable for children. We saw they had opportunities to develop their self help skills. For example, children were supported to serve themselves at lunch time, poured their drinks and tidied up when they were finished. We noted that not all children had knives. We asked staff to ensure cutlery was in place so they could learn to cut up food if needed.

If children required medication, we confirmed the system in place to manage this. This meant it was stored safely with appropriate information was recorded. We asked that the same permission form be used for all medication as this would promote consistency. An audit system was in place to ensure best practice is followed. We asked that the completion of forms could be added to this to support staff practice.

Quality Indicator 1.3: Play and learning

Children benefitted from well organised environments 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. As a result, children were busy as they led their play. They were able to extend their play which meant they spent long periods of time at activities. Children said in the questionnaire they "Always have fun and learn lots." During their play children said "We're on holiday."

Staff responded to children's interests. They used questions to support children's play and extend learning. One example was the block area which was a lava pit then turned into an aeroplane after children put their arms out to help them balance. These opportunities were used to support literacy and numeracy as they talked about how they would make an aeroplane. Staff used questions well to ask children about the number of windows and seats it would have. They also encouraged them to draw plans for it. This made children's play more meaningful as their ideas were valued and used. Parents shared "My child is always doing something whether its sensory play or fine motor skill... they're always playing with blocks, painting or taking part in group activities." And "She (child) has come home telling us of her yoga classes, her time spent outdoors, she will sing new songs and even points out new foods in the supermarket that she has been offered at nursery to try."

Children had opportunities to play outside in the enclosed garden a short distance from the nursery. They developed their physical skills as they ran around and played on large equipment.

Planning to support children's learning, interests and development were still being developed. A range of systems were being used such as floor books, 'in the moment planning' and focus child. In some instances, the activities that would help children achieve were noted. Staff should continue to be supported to develop 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.

Observations of children's learning had improved, but not recorded often enough or used effectively to impact on children's learning. Staff should continue to be supported to develop the use of observation. Understanding how they link to planning will help them provide experiences to extend children's interests and encourage them to reach their potential. 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)**.

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. To support children's learning, staff should continue to develop the use of observation. This will help them assess children's progress and identify 'next steps' which build on children's interests and support their continued development and inform planning processes.

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. They were stored so that children could easily choose what they wanted to play with. Improvements to the layout meant that children had more space to play, extend their games and use the defined areas. Soft furnishings had been added so that children could have quiet time to rest if they wanted to. 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 staff undertaking daily safety checks. We asked them to be mindful of potential hazards in the garden. The rooms were maintained throughout the day with spillage swept up. Measures were in place to minimise the spread of infection. The addition of portable sinks in the 3 - 5 room supported hand washing and reduced traffic in the toddler room. Attention to detail would improve this. For example, if outdoors, children did not wash their hands before eating snack. Also staff should wash their hands after wiping noses. The addition of a bin in the baby room would let tissues be discarded after use. Staff should refer to guidance so they are familiar with the expected practice. Outdoors hand washing should also be included as part of this.

Children had opportunities to use the local community extend their experiences. Parents shared "She (child) will go on walks, play in the garden and go the helix or kelpies to look for nature/animals." And "There is a lovely big park right next to the nursery and they go there often." Other parents felt this was an area that could be improved on as they said children "Play in the nursery garden, personally I feel this could be more often." And "The majority of outdoor experiences my child has been involved in (to my knowledge) are buggy walks. My child is very active and enjoys spending time outdoors so it would be nice for him to experience a bit more of this during his time at nursery."

The garden area for the nursery had been extended. The area had been fully enclosed with a high fence which made it safe and secure. Work was due to start to add resources. Children said "That's the new garden where we are going to play. This one will be for the babies."

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.

To support improvement, formal and informal ways of quality assurance and self assessment had been further developed. Observation of staff practice and audits had been used more to monitor the work of the service. This had helped identify what was going well and areas for development. Moving forward, we

advised measuring the data gathered. For example, by noting how many staff carry out tasks to an expected standard. This will make the process more meaningful as it will give an accurate assessment of staff practice. Target areas for improvement would be identified which would support whole team development. Parents had noted changes and said "seeing first hand the changes made after the last inspection i.e. being invited in at pick up."

Opportunities were available for parents/carers to share their views about parts of the service. For example, they were asked for their views by questionnaire or email. The manager felt they were not always effective. Almost all parents felt they were involved and kept up to date, about the service. The manager was keen to develop different ways so parents have more opportunities share their views. Parents shared "We are often asked for opinions or feedback on various topics and made to feel part of the community through seasonal events and stay and play sessions." And "Frequent update emails regarding the service and open to feedback from parents/children."

Children's voice was captured in floor books as they shared ideas about activities. They could say what skills they were developing and what they were learning. Staff should continue to develop this so the outcome of children's input is recorded.

Staff had contributed to the development within each room. Team work supported change to improve children's experiences. For example, improved layout, sensory and softer furnishings and clearer staff roles and responsibilities. This had led to staff developing in confidence as they recognised the benefits for children. Moving forward, staff should continue to develop the use of self evaluation to assess 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 continue the improvement journey, 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. We saw that the staff team was more settled and better team work in place. This resulted in a shared ethos as they had developed positive working relationships.

Staff deployment had been improved throughout the service which ensured children benefited from their nursery experience. The pattern of staff attendance promoted continuity of care across the day. Staff communicated with each other and had a flexible approach if they needed to leave an area. This meant children continued to be appropriately supervised. At busier times, routines had been established which promoted children's safety. For example, an extra member of staff helped prepare and set up children's meals. As a result, children's routines and needs were supported . Parents shared "Staff are familiar from all areas of the nursery and have a good rapport with my child if needed to cover absence. Manager is visible

on the nursery throughout the day contributing to care and supervision." And "Staff always seem be in ratio and are inviting all parents into the room at pick up which I thoroughly enjoy as I can see my child play in his environment."

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, felt listened to and were keen to develop in their role. For example, one staff member was keen to be involved in the new garden project. Consideration for leadership roles would enable staff to take forward their interests. The development of staff skills and knowledge across the team will strengthen the provision. Children and families would therefore benefit from a well supported and trained staff team. 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)**.

The service followed safe recruitment procedures which ensured children were cared for by staff who had the right skills, experience, and qualifications. Arrangements for staff absence were in place as agency staff were used. When needed, they tried to get the same staff to help with consistency for children. Parents shared "Staff always seem be in ratio and are inviting all parents into the room at pick up which I thoroughly enjoy as I can see my child play in his environment." And "The ratio of adults to babies seems great! And everyone is hands on deck!"

Areas for improvement

1. To support the continued development of the staff team, the should be encouraged to consider and undertake leadership roles.

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)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 May 2024, the provider must ensure children's health and wellbeing is protected by reviewing their medication procedures. They should ensure all necessary information is recorded. This includes;
- When as when needed medication is required, staff must record why they have administered it.
- Review information on a termly basis.

This is to comply with Regulation (4)(1)(a) (Welfare of Users) 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 states that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21).

This requirement was made on 24 May 2024.

Action taken on previous requirement

The service had updated the forms used to record information when medication was needed. This made it clearer the reason why 'as when needed' medication was administered as the signs and symptoms were recorded. Audits were carried out on a monthly basis.

Met - outwith timescales

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 improve outcomes for children, staff should ensure relevant information is recorded within their personal plans. This should be done in consultation with parents and carers. Plans should be reviewed at least once every six months or if any changes occur.

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 24 May 2024.

Action taken since then

Plans we viewed contained up to date information about children in 'what matters to me'. Observations were recorded about children's activities and learning in the personal plan and learning journeys. Reviews took place at 6 months.

Staff talked confidently about children's needs and how they were supported. Some of the strategies used were not recorded in the plans. Going forward, we asked that where children needed specific strategies or techniques to support their development this was included in plans.

As this area for improvement was not fully met, we will update it to reflect our findings at this inspection.

Previous area for improvement 2

To support positive outcomes for children's learning and development, staff should have access to appropriate training and learning so they can develop their skills and knowledge to enable them to:

- understand child development
- understand the importance of attachment and emotional well-being so they can meet the needs of children
- develop the use of observation so it is used meaningfully to assess children's development, learning and identify next steps for their continued progress.

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 24 May 2024.

Action taken since then

Staff had undertaken training and learning to develop their skills and knowledge. As a result, they they felt more confident in their practice. Children were supported in their learning, play and routines. Staff had developed attachments to children, and it was obvious with the close bonds they had. Staff allocation within the rooms promoted consistency and continuity for the children.

Staff responded to children's cues and comforted them if they were crying or upset.
The information recorded in observation showed how children were making progress. Staff now need to further develop the use of identifying next steps so children's continued progress is supported.

As this area for improvement was not fully met, we will update it to reflect our findings at this inspection.

Previous area for improvement 3

To ensure children are cared for in a high quality environment, staff should monitor the traffic in the toddler room. To promote a pleasant environment they should ensure the area is well ventilated so any odours are reduced.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells (HSCS 5.18) and 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.19).

This area for improvement was made on 24 May 2024.

Action taken since then

Reorganisation of the toddler room with new furniture has created straighter access for children to go to the toilet. In the 3 - 5 room the addition of portable sinks had reduced the number of times children and staff had to go through the toddler room to the toilet area to wash hands.

Odours were not as evident in the afternoon as previous.

This area for improvement has been met.

Previous area for improvement 4

To extend learning opportunities for children, staff should increase the amount of time children spend outdoors.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25) and 'As a child, I play outdoors every day and regularly explore a natural environment.' (HSCS 1.32)

This area for improvement was made on 24 May 2024.

Action taken since then

Most children had opportunities to play outdoors every day. The local community was also used to support outdoor activities and experiences for children.

Plans were in place to develop a new outdoor area which will further support outdoor play opportunities.

This area for improvement has been met.

Previous area for improvement 5

To improve outcomes for families, quality assurance systems should continue to be developed to support improvement. Areas to consider include;
- Increasing opportunities for parents and carers to share their views.
- Develop the use of audits to ensure systems are effectively used to support consistent practice and result in positive outcomes for children.
- Supporting staff to develop self-evaluation skills and reflect on their practice.

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 the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 24 May 2024.

Action taken since then

Informal and formal opportunities were used to gather parents views. Children's voice was captured in floor books as well as throughout the day.

An improvement plan had been devised using information from the last inspection. Monitoring and audit in place were used to assess the work of the service and support staff practice. This helped identify if standards and guidance was being effectively implemented or if changes were needed. Feedback was given to staff which helped them develop their practice.

Staff are beginning to reflect on their practice and shared how learning had supported them. They could give examples of how they had developed or improved the service. For example, creating more cosy and softer areas in the environment where children could rest and relax. Recognising how learning and best practice can support what they do. They were able to identify the positive outcomes from the recent changes made such as handwashing sinks.

An external company has been used to assess the service and help steer improvement. Their feedback has been used to identify the progress made. This will continue as they are going to further support leaders in their role which will further develop their skills in leading and managing a team.

This area for improvement has been met.

Previous area for improvement 6

To support and develop the staff team, protected time should be available for staff to reflect on their work. This will enable them to;

- Consider what they do well
- Identify areas for their professional development
- Build on their skills, knowledge and confidence
- Consider leadership roles.

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 24 May 2024.

Action taken since then

Opportunities were available for to support staff in their role. Appraisals and team meetings were used to enable staff to reflect on their work. Staff were able to say what they do well and areas they feel they need support with or learning for their professional development. This enabled a professional discussion to take place, and signpost to training or resources they would benefit from. It also allows the manager to feedback on their performance and qualities they bring to the role and where they need to develop.

Moving forward, staff have identified areas they would like to be involved in so develop their leadership roles.

As this area for improvement was not fully met, we will update it to reflect our findings at this inspection.

Previous area for improvement 7

To support the development of the staff team to improve their skills, knowledge and practice, the management team need time to undertake tasks that effectively monitor and support staff in their work. This will enable them to role model, offer advice and assess how staff are using their learning in their practice.

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 codes.' (HSCS 3.14)

This area for improvement was made on 24 May 2024.

Action taken since then

The management team had further developed monitoring of staff practice. Through observation, they gathered information and gave feedback to staff and if needed an action plan would be developed of areas to be addressed.

Role modelling was also used to share practice and experience so that staff could develop their skills.

The manager would continue to develop the monitoring systems in place to assess the work of the service and support improvement.

This area for improvement has been met.

Previous area for improvement 8

To support children and parents when requests are made to administer medication, the provider should review their practice. In doing so, at a minimum, consideration should be given to: Ensuring permission is sought from legal guardians prior to administration of medication Ensuring medication and health needs are managed with reference to the best practice document, 'Management of medication in day care of children and childminding services.' (Care Inspectorate 2024)

This area for improvement was made on 24 May 2024.

Action taken since then

From the sample we looked at, permission for medication to be administered was in place.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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