ACE Place Nursery & Out of School Care - Rodger Drive
Day Care of Children

Overtoun Court
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Rutherglen
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Telephone: 01416 470 934

Type of inspection:
Unannounced

Completed on:
6 November 2024

Service provided by:
Ace Place Childcare Services Limited

Service provider number:
SP2009010560

Service no:
CS2012311910

About the service

ACE Place Nursery & Out of School Care - Rodger Drive is located in Rutherglen, South Lanarkshire. The service is registered to provide a care service to a maximum of 148 children aged from birth to first year of high school. There are currently 226 children registered with the service who attend on a flexible basis within the conditions of registration.

Children are cared for within a single storey building with enclosed, designated outdoor areas for each age group of children. Children have access to nearby wooded areas, a large park and have established links with places in the local community.

About the inspection

This was an unannounced inspection which took place on 4 November 2024 between 10:00 and 16:30, 5 November 2024 between 09:00 and 17:30 and 6 November between 08:00 and 09:00. Feedback was shared between 10:00 and 11:00 on 6 November 2024. 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 20 children using the service and consulted with 15 of their parents/carers
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- consulted with visiting professionals.

Key messages

- The majority of children were happy, having fun and engaged in a variety of play opportunities, both indoors and outdoors. We discussed where play and learning experiences and access to resources should be expanded, both indoors and outdoors for some children.
- The manager and staff team worked well together as a team. They communicated well with each other, were enthusiastic and keen to provide a good quality provision for children.
- Personal plans were in place for all children. More robust monitoring would ensure all children's personal details and individual care and support needs were current and correct.
- Monitoring systems and risk assessments for some areas should be reviewed and updated. This would to contribute to children's safety.
- We highlighted unsafe water temperatures for handwashing within some areas of the building, door security and some storage systems for equipment and resources within the service. Appropriate action was taken over the course of the inspection. More regular, robust monitoring of the premises would contribute towards maintaining a safe, hygienic environment.

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 positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Staff knew families well and welcomed parents and children into their playroom each day. Overall, children were settled and happy and staff were kind, caring and respectful of children's needs. We acknowledged some babies and younger children were settling into the service or moving to new playrooms and were upset at times. Staff were kind and caring in their interactions, ensured children had their comforters and arranged settling-in sessions with parents to suit individual children's needs. This reassured and respected children and their families.

All parents who responded to our questionnaire agreed that overall they were happy with the care and support their child received in the service. Parental comments included, "Strong bonds with staff members, who treat children with care and respect. Ability to make friends in a safe and nurturing environment. Supporting children to meet development milestones and gain independence" and "I am confident my child is happy and safe while at nursery. As well as getting a great range of experiences to choose from, they have strong relationships with peers and staff and have developed all aspects of their learning while at nursery."

Personal plans were in place for all children. Parents told us, "We are always encouraged to share our views and add to our children's plans. Staff will always accommodate any requests we have. Parents nights are regular and shows the staff know our children well."

Medication was stored in line with guidance and individual protocols and medication management plans were in place where required. This ensured staff were clear about the procedures to follow should a child become ill or require medication. However, more robust monitoring of personal plans and children's health requirements was needed to ensure all information relating to children's personal details, care, support and health needs was correct and current. This would contribute to children's overall safety, health and wellbeing.
(See area for improvement 1 under Key Question 3 of this report).

Strong relationships with external professionals ensured children with additional support needs received the support required to enable them to reach their full potential. Two professionals who worked closely with the service commented, "The manager and staff have been so welcoming and informative. Before I met the children I received full information about the children I would be working with and what strategies were already in place. This meant I was able to put suitable plans in place to support children, their families and the staff" and "Staff strive to take on board advice given to support those with additional support needs. Appropriate actions are taken, and these opportunities are built in to the child's additional support plans."

Older children were observed to be settled and having fun, freely accessing the indoor and outdoor environments. Staff were mindful of children who wanted some space, rest or relaxation. Some children in the out of school care told us, "We have been here since we were at nursery and we love it. We know all the staff and they are really lovely" and "I like to play football the most and there's a space where we can play it every day if we want to."

Menus offered balanced, healthy and nutritional options. These were displayed on noticeboards for parents. Rolling snack and lunches were in place, which meant children ate in smaller groups over a set period. We acknowledged where this was working well, for example, children making the choice of when they ate, assisting with the preparation of food and setting the table. We saw some staff remaining seated alongside groups of children as they ate. This enabled staff to support children where needed, engage in conversation and ensure children's safety as they ate. This good practice should be shared more consistently across the service to ensure all children had a more relaxed, sociable eating experience.

Staff understood the importance of sleep for children's overall development and followed children's routines and parents' preferences. Children's bedding was stored hygienically within individual boxes with their routines and comforters noted. This ensured all staff were aware of individual children's needs.

Management and staff were clear about their roles in keeping children safe. Information was displayed at the entrance to the service, ensuring all adults were aware of their responsibilities in keeping children safe and who to contact should they have any concerns. Staff had child protection training relevant to their role and told us, "I have completed both in-house training as a team and individually online training. I am aware of the documents relating to child protection and we discuss these at team meetings."

Quality indicator 1.3: Play and learning

Most children were actively engaged in leading their play and having fun, freely accessing the indoor and outdoor environments. Children had opportunities to share their thoughts and views for future activities. Most staff were responsive to children's needs and requests offering a balance of free play and planned activities to support their interests and extend their learning. Some skilled, open questioning from staff supported and challenged children's thinking, developing their confidence, knowledge and skills. This good practice should be shared more consistently across the service, as in some indoor and outdoor areas activities, access to areas and resources were more adult directed.

Play experiences developed children's skills in language, literacy and numeracy. Examples included reading stories with children, singing rhymes and songs using puppets, mark making indoors and outdoors and counting naturally with children during activities.

Parents had opportunities to visit at 'stay and play' sessions throughout the year. These were planned to take account of families needs and other commitments, which meant all parents could visit at a time that suited them. All parents who responded to our questionnaires agreed that their child's development was always supported through interesting and fun play experiences. They added, "Staff share lots on the app and my child seems involved in these activities regularly", "All the play activities are based on children's interests. I feel there are a wide range of play opportunities available, that vary day to day" and "Tuff trays, sand, outdoor play, trips to the park, sensory play, music and story time."

Children had regular visits to the nearby park for extended outdoor play experiences within a natural environment, at times having snack and lunch there. This enabled children to develop their confidence, independence and self-esteem, extend their knowledge and skills while becoming aware of limits, boundaries and challenge in their play. Children told us what they liked about the service. They said, "I like going over to the park sometimes", "I like playing with my friends. The food is good. I love playing with the set-up tables. I like playing outside and going to the forest."

Good relationships had been maintained with local groups, such as the library for Bookbug sessions, Grow 73 who had assisted with planting and growing, visits to care homes to build intergenerational relationships with older people through varied activities, such as singing and reading stories. This supported children to have an awareness and belonging within their community. Staff told us, "We are well known in the community. We have good links with schools, community, care home, local shops. We go to the forest, care home and park every week. Our parents seem happy and so do our children."

Most playrooms and outdoor spaces were well resourced to offer children choice, challenge, meet their interests and stage of development. This should be improved to ensure all children can freely access the wide variety of resources available to them throughout the day, both indoors and outdoors. Having an increased range, variety and number of resources suitable for all children's ages and stages of development would stimulate children's natural curiosity, creativity, imagination, fun and learning, while promoting their independence and confidence. (See Area for Improvement 1).

Areas for improvement

1. To support children's play and learning and ensure all children can direct their play in the way that they choose, the provider should ensure all children can freely access the wide range of developmentally appropriate resources available, both indoors and outdoors throughout the day.

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? 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

There were designated playrooms and outdoors areas for different age groups of children. This offered children sufficient space to play suited to their age and stage of development. Playrooms had windows with natural light and ventilation, with some displays of children's artwork and relevant photographs. Nearby rooms were used as spacious cloakrooms, a sensory room, library or quieter play spaces for children. Plans were in place to change over the use of some spaces to ensure they best met the needs of the children. This let children know they mattered. We advised where risk assessments should be reviewed and updated for all areas children can access. This would contribute to their safety.
(See area for improvement 1 under key question 3 of this report).

There were intermittent issues with the door security systems, temperatures of hot water at some handwashing sinks, storage of laundry and reliability of CO2 monitors which measures the quality of the air in some playrooms during our visit. Appropriate action was taken over the course of the inspection to ensure these areas were made safe. However, continued regular and robust monitoring of the facilities and recording of maintenance issues was needed to ensure all areas within the facilities were safe and secure. (See Area for Improvement 1).

Children could access toilets independently. Most toilet and nappy changing areas were clean and children's individual resources were stored appropriately in lidded boxes. Children were encouraged and supported to wash their hands at relevant times throughout the day. Liquid soap, paper towels and tissues were accessible to staff and children. This supported good infection prevention and control practices. Some resources needed replenished outdoors to maintain good hand hygiene practices when outside.

To ensure confidentiality, systems were in place to ensure children's personal information was stored appropriately within the service and electronic information was managed in line with general data protection requirements.

Areas for improvement

1. To contribute to children's safety, the provider should ensure there are more effective and robust daily checks, monitoring systems and maintenance records in place to identify and action any necessary repairs or identified issues within the facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My environment is safe and secure" (HSCS 5.19).

How good is our leadership? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The manager was well supported by a senior management team, a quality improvement officer for the service and the provider. They all had an active role in the improvement focus of the service. The management and staff team worked well together forming a strong leadership which created a welcoming, nurturing and inclusive environment for children, their families and staff. Most parents agreed they were involved in a meaningful way to develop the service. Their comments included, "Parents are always encouraged to provide feedback and are shown evidence of changes that are made from our suggestions" and "Parent and family contributions are welcomed with regular communications about plans for Ace Place. We regularly get asked for feedback and input to surveys." This demonstrated they could influence change in the service.

The vision, values and aims of the service were shared with families and these aspirations informed practice. An improvement plan with key priorities was used well as a working document, highlighting progress and developments. This linked in with the local authority's priorities and some of their own. It included staff training on schematic play, which is how babies and young children explore the world around them through repeated actions, attachment strategy to explore and understand early relationships and emotional bonds and raising standards in literacy and numeracy. This would improve staff skills, knowledge and understanding in these areas and contribute to improved practice and outcomes for all children.

Although there were monitoring systems in place for most areas, we identified some gaps. This included personal plans, medication, accessibility of resources, playroom practice and safety.

We have referred to this within previous key questions in this report. Ensuring systems were more meaningful and robust would lead to improved outcomes for children and the overall quality of service provision. (See Area for Improvement 1).

Safe recruitment procedures were followed. This ensured those recruited and working with children had undergone all relevant and required checks prior to starting work in the service and their registration with relevant regulatory bodies such as Scottish Social Services Council (SSSC) were maintained. This contributed to children's safety. Regular meetings and staff appraisals supported staff to work well in their role and have high aspirations and confidence in their capacity to support children and families to reach their full potential. Staff had leadership roles which gave them responsibility for developing particular areas within the service. These should be evaluated to show progression and development and shared good practice, leading to improved outcomes and experiences for all children.

The provider and manager understood staff emotional wellbeing was key and provided staff with several formal and informal opportunities for support, health and wellbeing, both professionally and personally. Staff told us, "We have recently had wellbeing meetings. There is a wellbeing board in the staff room with links and there are a number of people I can go to for a chat. The provider does wee treat things like the nomination box, the coffee truck, dinner on staff meetings and I know some staff have used the counselling website and service."

Areas for improvement

1. To ensure children receive high quality care and support and are safe at all times, the provider should ensure there are more robust, meaningful monitoring systems in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "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? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

The importance of ensuring the service was appropriately staffed was recognised by the provider and manager as essential for children's wellbeing. There was a positive ethos within the staff team. Overall, there were sufficient numbers of staff in place with a mix of skills and experience to meet the needs and number of children in attendance. This contributed towards ensuring good quality outcomes for children. The majority of staff told us there was mostly enough staff to meet children's needs and comments included, "We are always within ratio at least and more often than not we have extra staff so we can experience things like care home visits, forest, Bookbug and also help when some children might need some extra support" and "We have staff employed to cover staff lunches and rooms operate generally with extra staff to ratio."

The majority of parents felt there were always enough staff in the service. They commented, "There is a very good ratio of staff to children and even though my child has a key worker, I know other staff take a vested interest in supporting my child" and "Never had an issue with staff." Children told us, "The best thing about being here is the staff. I love all the staff here. They really look after us."

Staff were flexible and were observed working well together as a team within each of the playrooms. Staff told us of the process for mentoring and supporting new staff, using the skills and experience of existing staff. This contributed to consistency and continuity of care for children. They told us, "All new staff complete an induction booklet. Staff will be given a mentor throughout their first few months of joining. However staff are aware that we are a team and if needed they can ask another staff member in the playroom or management for support it needed daily."

There was clear communication between staff and between staff and the children if a task had to take them away from their responsibilities. They used their initiative to request assistance at busier points within the day. We discussed examples where effective use was made of the differing experience, knowledge and skills of some staff to ensure children continued to have nurturing and positive experiences. However, we also advised where more consideration should be given to children's experiences and maintaining positive outcomes for all children. Examples included a full playroom going outdoors together, rather than free flow indoor/outdoor opportunities or staff fully recognising children's needs at that time. This led to a few children becoming upset or waiting for long periods while others were getting ready.

Some older children could freely access various play spaces available to them indoors and outdoors. This offered a variety of play and learning opportunities and access to toilet facilities within corridor areas. However, although this generally worked well, we advised the risk assessment and staff deployment for the areas accessible within the corridor should be reviewed, discussed and updated to ensure children's safety and wellbeing at all times. (See Area for Improvement 1).

Areas for improvement

1. To support children's wellbeing and safety, staff deployment and the associated risk assessment for all areas accessible to children should be reviewed and updated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I receive high quality care and support based in relevant evidence, guidance and best practice." (HSCS 4.11).

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

The manager and staff should continue to develop children's personal plans in the out of school care part of the service.

Information should be meaningful and show how children's interests and individual needs are being supported. It should be ensured that personal plans are reviewed at least once every six months with parents and where appropriate children.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that "My personal 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) and "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17).

This area for improvement was made on 6 September 2018.

Action taken since then

Personal plans we sampled in the out of school care had been developed further to be more meaningful and demonstrated how children's individual needs and interests were being supported. Plans had been reviewed with parents and children at least once every six months.

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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