High Flyers Nursery
Day Care of Children

9 Hallside Road
Cambuslang
Glasgow
G72 7XE

Telephone: 01416 461 616

Type of inspection:
Unannounced

Completed on:
10 October 2023

Service provided by:
High Flyers Childcare Limited

Service provider number:
SP2016012672

Service no:
CS2018365856

About the service

High Flyers Nursery is registered to provide a care service to a maximum of 39 children not yet attending primary school at any one time. The service is in partnership with South Lanarkshire Council to provide early learning and childcare to children aged between three and five years.

The service operates from a refurbished two storey house in the Cambuslang area of South Lanarkshire. It is located close to local amenities including parks, shops and schools. The accommodation consists of three playrooms, toilets, changing areas, kitchen and cloakroom. Children attending the nursery have access to a large outdoor area which offers them the opportunity for active play in the fresh air.

About the inspection

This was an unannounced inspection which took place on Monday 9 October 2023 between 09:30 and 16:30. We concluded the inspection on Tuesday 10 October 2023 when we also gave inspection feedback to the service provider and manager. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:
- spoke with some of the children using the service on the day of inspection and reviewed survey responses from nine parents
- spoke with the service provider, the manager and staff team. We also reviewed survey responses from 11 staff
- had contact with two visiting professionals from external organisations
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Children benefitted from nurturing interactions with staff, which helped them to feel valued and loved.
- Children experienced interesting and motivating play and learning opportunities, particularly with the availability of natural and open ended materials.
- Children benefitted from access to high quality facilities indoors and outdoors, including various opportunities to explore the local community.
- Children enjoyed positive outcomes from a service committed to continuous improvement. Self evaluation processes should be developed further to identify leadership roles for staff, giving them confidence to initiate well-informed change.
- Staff were deployed in such a way that supported continuity in children's care and their effective supervision.

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?	5 - Very 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 evaluated this key question as very good. We found significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 1.1: Nurturing care and support.
Children were provided with comfort and reassurance by nurturing staff, which contributed to positive relationships being formed and supported children to feel loved. Keyworker groups helped children form attachments and to feel safe and secure within the setting. Staff were attuned to children's individual needs, responding well to their changing preferences. A strength was that most staff were respectful of children's boundaries and asked permission before wiping noses, changing nappies or giving cuddles. Staff interacted with children at their level using reassuring tones. This helped build trust and demonstrated to children that they mattered. One parent shared their child's sentiments about staff, who they felt a connection with, "(my child's) words are limited in this kind of conversational way but she often talks about staff using words like 'family' and while playing at home she names specific members of staff always with a real fondness 'Beatrice funny', 'India helping me', 'Natalie best friend', 'Margaret cooking for me' and very often."

All children had personal plans in place and parents confirmed that they had been involved in developing and reviewing these with staff. This included children's individual likes, dislikes and information about their care routines. We observed respectful and meaningful verbal discussions between staff and parents at children's handover times. This promoted continuity of care between the home and setting and supported children's wellbeing.

We observed that children's care routines were homely and individualised to children's preferences. For example, cosy sleep mats were provided for children's naptime and staff took account of children's comforters to help children settle. Children were respected and given space and time if they were tired at other times. For example, toward the end of the day staff brought out sleep mats for one of the older children who was sleepy and found a quiet space where they could rest. This demonstrated that children's emotional wellbeing was very well considered. Staff had participated in safe sleep training and were mindful to ensure that sleeping children were comfortably positioned and the room was at an appropriate temperature. This contributed to children's safety and wellbeing.

Mealtimes were valuable social experiences for children where they were learning life skills. Home cooked meals that respected children's dietary requirements and allergies were cooked on site. As a result children were developing a healthy relationship with food and meal times from a very young age. Children sat together in social groups at lunchtime and were joined by staff who modelled expected behaviours and encouraged discussion, which promoted their language and communication skills. Children served themselves so that they were learning about turn taking. We suggested that smaller serving spoons would further support children's independence and confidence in using utensils.

Appropriate systems for recording children's medication were in place, including parental consent, storage information and administration records. We made suggestions for expanding on details where medication was to be administered 'as required', and this had been addressed with parents before we concluded our inspection. This contributed to children's health and safety.

Children were safe and protected from harm due to the clear child protection systems that the setting had in place. Staff had recently participated in refresher training about safeguarding and had reflected on how their learning supported children's welfare and wellbeing. This provided reassurance that staff would respond correctly if they had any concerns about children's welfare. Staff had been using the key messages from the Care Inspectorate's safety campaign, 'Keeping Children Safe - Look, Think, Act' (SIMOA) in a meaningful way with children. We observed one child spontaneously playing with the SIMOA elephant and naturally chatting to staff about potential dangers around them and how they kept themselves safe. The SIMOA campaign helps keep children safe by raising awareness of how, and why, they could leave a childcare setting without a responsible adult.

Quality Indicator 1.3: Play and learning
Children of all ages were engaged in play activities of their choice, developing their creativity and problem solving skills. The organisation of the playrooms and outdoor areas encouraged children to independently select resources that supported their play ideas. For example loose parts, dressing up clothes, construction toys and sensory materials such as playdough and sand. 'Loose parts' are materials with no fixed purpose that can be moved and manipulated by children as they try out their play ideas. As a result children's creativity and curiosity were promoted while they used their imagination and problem solved.

We found there was a good balance of adult led and free play experiences for children. Staff 'in the moment' planning was responsive to children's interests and curiosities, providing opportunities for developing their language, literacy and numeracy through play. Staff used mind maps and floor books to respect and value children's voice in what they would like to learn about. This ensured that activities and learning experiences were meaningful to children, offered challenge and supported children to achieve.

There was a new online platform for children's learning journals, which was at an early stage of implementation. We sampled these and found that while some contained rich observations of children, the quality and depth varied. The manager was aware of this and monitored journal entries to help identify where staff may need additional training in observing children, identifying where children would benefit from additional support or challenges, and tracking their progress. This helped ensure consistency in staff practice and ensured high quality play and learning experiences for children. In the meantime weekly updates were provided to parents about children's play and learning experiences, including their achievements. This interim solution would provide reassurance to two of the parents that had made suggestions in their survey feedback for more updates and pictures within the platform.

Parents were invited to share in their child's play and learning by participating in stay and play sessions, including forest school parent days. In our survey, parents mainly strongly agreed that they were fully involved and informed about their child's learning and development. One commented, "I can see clearly how my children are progressing and what they are learning about at home."

Meaningful links with the local community were improving outcomes for children. For example children regularly visited a local care home and joined the residents in activities. We listened as children prepared for their visit by making pictures for some of the residents whom they knew by name. There were conversations about children's own families, such as "my granny has a sore knee", while children recalled amusing stories from previous visits. This supported children to form new intergenerational relationships, learn about the cycle of life and feel a sense of citizenship.

How good is our setting? 5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 2.2: Children experience high quality facilities.
The whole setting was bright, clean and well ventilated with good quality child sized furniture and equipment. This gave children a clear message that they were welcome and that their comfort was important. The reception and cloakroom area was well organised. Key information about how the service operated was displayed to help parents feel included and well informed about how children spent their day away from them. We encouraged the setting to consider inviting parents into the playrooms at the beginning of the day in addition to the end of their child's session. This would further build on existing positive relationships with families and reflect the service improvement priority to develop parental engagement.

Each playroom had calm and homely spaces where children could rest, relax and spend time alone, which supported their emotional wellbeing. Children were free to explore areas with natural materials that enabled them to explore using all of their senses. For example, we particularly liked the use made of the eaves in the three to five playroom to create a sensory den that children enjoyed alone or in small groups.

Playrooms and outdoor areas were well organised and resourced to promote children's exploration and fun. Spaces, including displays reflected children's current interests. There were some picture prompts to help children with their decision making however, at feedback we discussed having more displays at children's eye level. This would help celebrate children's work, promote discussion and encourage children to revisit their learning experiences.

Children had access to outdoor play throughout their day, which supported their physical development, inquisitiveness and overall wellbeing. Developing the outdoor environment to promote wellbeing, creativity, curiosity and positive learning opportunities was one of the service priorities within their improvement plan. Children aged under three were accommodated in the downstairs playrooms, which had free flow access to an inviting outdoor area for them to explore. Older children were accommodated upstairs and therefore were required to be accompanied by staff to access the outdoor play areas. Parents confirmed that children had the opportunity to play outdoors everyday although one disagreed, commenting "The nursery have a beautiful garden but I don't feel the children in the 3-5 room get to utilise it enough." Two staff in our survey also disagreed that children could choose between indoor and outdoor play, although recognised this was out with the control of the service.

All children's access to outdoor play was limited to between the hours of eleven and three in the afternoon due to council restrictions, which the setting had unsuccessfully challenged. Children's opportunities for active outdoor play was enhanced through staff making use of alternative provision within the community, such as swimming, muay thai, forest school experiences, and balance bike activities. Active play in different environments encouraged children to experiment with how they used their bodies and widened opportunities to learn through sensory and physical experiences. At feedback we discussed children's right to play (UN Convention on the Rights of the Child, Article 31) and suggested that the service provider contact the Children and Young People's Commissioner Scotland for support in lifting the restrictions. The Commissioner's main role is to promote and protect the rights of children and young people in Scotland. More information can be found on their website https://www.cypcs.org.uk/

Children's safety was promoted through risk assessments for all areas and activities accessed by them, including external trips. Older children had participated in making some risk assessments so that they were learning how to identify potential hazards and make judgements that were relevant to them. The service manager annotated risk assessments as new resources or activities were added to the setting, for example a nursery puppy had recently being introduced and measures were in place to ensure the safety of children, while the puppy was present. We advised the manager to ensure that individual risk assessments be implemented when needed for children or staff, for example if they had mobility issues or severe allergies. This will support the safety and wellbeing of people based on their individual needs and circumstances.

Children's safety was further promoted as staff understood their roles and responsibilities around infection prevention and control. For example, they supported children to wash their hands at appropriate times, demonstrating good practice and singing songs so that children were engaged in the task. This minimised the risk of cross infection and kept everyone healthy. The manager was familiar with the Care Inspectorate's revised nappy changing guidance and had made some changes to practice. We made other suggestions such as the removal of wall displays from nappy change areas and the safe storage of potties. These had been implemented before we concluded our inspection, which contributed to children's health and safety.

How good is our leadership? 5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 3.1: Quality assurance and improvement are led well.
The setting had an improvement plan informed by self evaluation, which aspired to high quality care and support tailored to the needs of children and families. We visited at the beginning of a new self evaluation cycle but could see that the approach of the staff team was to look at national guidance to judge how they were doing and what could be better. This included 'How good is our early learning and childcare', 'Health and Social Care Standards', and the Care Inspectorate's 'Health and Social Care Standards'. We encouraged the manager to use this approach to help identify more leadership roles across the team. This would give staff confidence to initiate well-informed change and feel a sense of ownership of the improvement plan.

The service was in partnership with South Lanarkshire Council and therefore had access to their improvement plan templates and quality improvement officer support. The manager had used the network of support to arrange visits to other early learning and childcare services in the area. For example to inform their new improvement priority of developing an eco-friendly nursery to impact on sustainability and climate change. We received positive feedback from a local primary school who appreciated the support from the service in setting up a play based environment for the early level. Sharing best practice in this way had the potential to motivate staff to consider different ways of working, identify their own strengths and areas for improvement they would like to take a lead in.

Very good communication was embedded throughout the staff team, which ensured consistent approaches and a shared understanding of the priorities of the service. Peer observations both within the setting and across the provider's other services supported staff to grow in confidence as practitioners. Staff participated in annual appraisals and had an open door to support from the manager, which meant they were able to discuss their practice and professional development as well as personal issues. One commented, "Management has been very supportive and helpful whenever I have required it."

In our surveys, staff mainly, strongly agreed that quality assurance systems impacted positively on outcomes for children, and parents were confident that the setting was well managed. One parent commented,

"Management has been very supportive and helpful whenever I have required it." Parents also agreed that their family was involved in a meaningful way to help develop the setting and their ideas and suggestions were used to influence change. The manager and staff had prioritised looking for more ways to involve parents within the setting and to work with them as partners. For example through increasing opportunities for parents to 'stay and play'. This contributed to parents feeling listened to and actively involved in the development of the service.

Children's personal information was stored securely to ensure families privacy. Information was accessible to relevant staff whilst remaining confidential. This demonstrated the service commitment to understanding and following guidelines on data protection.

The manager and staff engaged well during the inspection process, providing additional evidence and taking on advice and support, which demonstrated their commitment to improvement.

How good is our staff team? 5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 4.3: Staff deployment.
The service provider's safe recruitment processes helped ensure children were cared for by staff who were fit to work with them. The processes had recently been updated to ensure that relevant information about candidate referees was clearly recorded. This ensured children's safety. The service had been present in the community for a long time and had retained a stable and skilled staff team, with most recruitment being of trainees. Their induction programme was tailored to meet this role and ensure a breadth of experience. To support staff further, we signposted management to Scottish Government's national induction resource, which would help them develop the induction process to match national standards.

The service manager worked effectively with external training companies to make sure that there was a very good balance in trainees' learning, professional and pastoral needs. Trainees were mentored and supported using the skills and knowledge of the core staff team. As a result trainees were treated as a valued team member. This was confirmed in one trainee's comment, "As a whole, I think the staff team work effectively together. As I am a trainee, I feel as though I am supported well and feel any team member would reach out to help myself if I needed extra support."

The service provider and manager were mindful of the need to ensure staff were appropriately deployed throughout the setting and one measure was to ensure that the setting was always above staff ratio for the different age groups of children. This supported absence management and ensured children's individual needs were always met by the right number of staff. It was beneficial that the manager, if needed, could draw on staff cover from the provider's other services. This made sure children were cared for consistently by known staff.

All staff strongly agreed that they worked well as a team to support each other. Their comments included, "The staff team are all dedicated to our jobs and to the care provided to children. The relationships between staff and children are genuine and children are well cared for by staff." It was clear that staff were happy to be at their work and this was reflected in their interactions with children. As a result, there was an inclusive and friendly atmosphere where children felt safe and secure. We observed strong teamwork in each playroom, with staff communicating very well with each other when a task took them away from their responsibilities. Staff time off the floor, for example for staff breaks, was managed well to minimise the

impact on children while allowing staff to be rested and refreshed. Appropriate levels of staff throughout the day promoted children's emotional wellbeing and positive play and learning experiences.

Staff photographs displayed outside playrooms helped families get to know who would be caring for their children. The key worker approach meant children received support from familiar adults. A 'keyworker' is a named member of staff with responsibilities for a small group of children who helps those children in the group feel safe and cared for. Parents responding to our survey, mostly strongly agreed that the setting had enough staff with the appropriate skills, knowledge and experience to support their children. They spoke highly of staff compassion, their comments included, "A genuine sense of love and care from all staff I have encountered" and "Staff are very approachable and always keen to help."

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.