

ALC

Day Care of Children

A L C
Dill Road
Aberdeen
AB24 2XL

Telephone: 01224492672

Type of inspection:
Unannounced

Completed on:
13 March 2025

Service provided by:
ALCCP SCIO

Service provider number:
SP2019013376

Service no:
CS2024000080

About the service

ALC is a day care of children service. They are registered to provide care to a maximum of 70 children at any one time.

Of those 70:

- no more than 30 are aged 2 years to not yet attending primary school of whom no more than 15 are aged 2-3 years
- no more than 40 children are of primary school age.

There were up to 17 children in the nursery and up to 20 children in after school care during our inspection.

The service is delivered from a recently refurbished premises. Nursery children are primarily cared for in the playroom which has access to an enclosed outdoor area. They can also access the games hall. School aged children are cared for in a designated room but also access the games hall and activity room as well as the school playground for outdoor play. The rooms are located on the lower ground level which is accessed using stairs or a lift. The manager is also the manager of ALC - Little Learners, Tillydrone Community Campus, Hayton Road, Aberdeen.

About the inspection

This was an unannounced inspection which took place on 12 March 2025 between 09:30 and 17:50 and 13 March between 09:30 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 and complaint 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 eight of their parents/carers
- received 24 completed questionnaires from parents/carers and staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted from warm and nurturing care which supported their confidence and wellbeing.
- Children had fun and participated in a balance of planned and spontaneous play experiences.
- Children were made to feel welcome and valued in a bright, stimulating and well- maintained environment.
- Staff were reflective of their practice and adopted an ethos of continuous improvement to promote positive experiences for children.
- Children and families had a strong connection to the established and experienced staff team.

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?	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?

4 - Good

We evaluated different parts of this key question as good and very good, with an overall grade of good. Several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1 - Nurturing care and support

Children's wellbeing was promoted as staff interactions were kind, warm and nurturing. Staff consistently got down to children's levels when interacting with them, promoting their comfort and confidence. Staff knew children well and confidently discussed their needs, interest and preferences as well as details of how they were supporting individual children. The ethos of the service was to be part of the local community and support parents as well as children. Parents we spoke to said they felt valued and supported by the staff and had a strong connection with them. They commented, "My relationship with the staff is excellent. The caregivers are consistently welcoming, kind, and attentive" and "They are all really nice. If I need to talk to staff they are always there to listen". All parents strongly agreed that they were happy with the care their children received.

When children needed help with personal care such as toilet visits or nappy changing this was given discreetly to promote children's privacy and dignity. Children were given time to be independent before support was offered and warm interactions supported their comfort. For example, a child was supported to climb the steps to the nappy changing unit. Another child was given time to try and manage their own clothing fastenings before staff offered support.

Meals and snacks were an unhurried and sociable experience. Food was prepared in the service taking account of current nutritional guidance. Children's individual food and drink needs were catered for and the staff supported children and their families to encourage healthy choices in line with current nutritional guidance. Children's skills and choice were supported as they were encouraged to be independent where possible. This included tasks such as helping to set the table and serving their own food and drinks. At times the younger children were not engaged in the routine of lunch. The manager and staff had recognised this and were reviewing the process to promote better engagement.

Information to help staff identify and meet children's needs was recorded in personal plans for each child. They included information from parents on children's needs, preferences and interests as well as home routines and medical details. Some of the plans we sampled recorded strategies being used to meet children's needs. However, the plans did not consistently reflect staff knowledge of how individual children's needs were being met. Regular reviews were taking place for younger children. These showed a comprehensive understanding of the children and gave parents a real sense of their nursery experience. For one or two of the older children a review of their information had not been completed within the six months required for legislation. The manager agreed to ensure that reviews were completed in the required timeframe going forward.

Children's health was promoted by the processes in place to manage the recording of their needs and safe storage and administration of medication. This was supported by a clear policy, promoting awareness with staff and parents about the procedures to be followed. Children's health and wellbeing was promoted through the services links with a number of other agencies that may be involved in their care. This included local community services, promoting family's knowledge of the support available to them. Staff showed a

comprehensive understanding of factors which may impact on children's wellbeing or that of their families. They were able to discuss support that could be offered in a variety of situations. Children's safety was promoted through staff and manager's understanding of safeguarding processes and their individual responsibilities in keeping children safe. A policy was in place to promote awareness of child protection processes for staff and parents. We suggested the addition of the broader types of abuse and reference to current national guidance to promote consistent understanding.

Quality Indicator 1.3 - Play and learning

Children were having fun and engaged in their play during our visit. They were able to lead their own play by independently accessing resources and choosing where to play. This was supported by easy access to the outdoors for the nursery children. School aged children could choose to be in one of the three indoor areas. When they wanted to be outdoors, staff would accompany them to the school playground. Staff were responsive to children's interests, joining in games or facilitating activities. For example, we saw younger children supported to access paints, singing and being read to. Older children participate in board games as well as energetic play including football and riding on scooters which supported them to decompress after school.

Children could access books from a stand in the quiet room and there were some books in different areas of the main playroom. We suggested that having more books and mark making utensils arranged throughout areas such as the role play and construction would help further support children's interests and literacy. There were resources available to support children's numeracy such as measuring jugs and tapes. Staff had set a challenge for children to measure certain objects to promote engagement. Further development of this and staff use of mathematical language such as more and less, bigger and smaller would further promote numerical skills.

The service was part of the local community and accessed nearby amenities such as parks and shops. They supported school aged children to attend swimming lessons as part of a local project. Links were made with the local sheltered housing and plans were in place to support visits there. These actions extended children's experiences and helped them feel confident in their community. Further extension of activities was supported by visits to the service from other agencies. For example, Aberdeen Science Centre attended to do some experiments with school aged children.

Staff interactions were responsive to children's interests and consistently kind and caring. There were missed opportunities to use skilled interactions to extend promote children's learning through their play. This had been noted by senior staff and building staff confidence in extending children's learning through skilled interactions was part of the development plans for the service.

Staff recorded observations of children's learning and shared these with parents through discussions and opportunities for parents to read children's files. Parents told us they enjoyed hearing what their children had been doing and were happy with the communication. One parent commented that they would like information about their child's experiences shared online. A digital platform was used to share general information about the service and staff were considering how this could be used to share individual observations. The observation we looked at identified children's achievements and most had next steps or goals set to promote children's progress. The level of detail of how the next step was to be achieved was not yet consistent. Work was being done to support staff confidence in this.

How good is our setting?

5 - Very Good

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

Quality Indicator 2.2 - Children experience high quality facilities

The recently refurbished building and rooms were bright and airy with lots of space for children's play. There was space for children to store their personal belonging, supporting them to feel valued. Children's health was promoted as there was lots of natural light and ventilation in the nursery.

The building was well-maintained and furnished to a high standard giving the message to children and families that they mattered. Soft furnishings such as sofas and rugs were used to give a more homely feel. Children had been involved in the purchase of resources and their artwork was displayed promoting children's confidence and sense of ownership. The décor and arrangement of the spaces made families and children feel welcome and comfortable in the service.

The indoor and outdoor areas were arranged into areas of interest taking account of children's stage of development. Children could independently access resources, supporting their choice and ability to follow their interests. The manager told us that staff were consistently reviewing the layout of rooms to best support children's play. For example, extending the construction area in the nursery room to ensure children had space to extend their activities. When asked about the activities their children participate in, one parent commented, "The nursery consistently provides a diverse and engaging range of play experiences that support my child's development across multiple domains".

Staff were proactive in identifying and removing any risks such as spilt water or broken resources. Risk assessments were in place to support staff in knowing what to do to promote children's safety. Staff spoke about safety with children, promoting their awareness of how to identify and manage risk in age appropriate ways.

Infection prevention and control measures, such as cleaning of surfaces and washing of hands, were carried out appropriately and promoted children's health. A policy and cleaning schedule were in place to support staff understanding of their role in this.

Children's safety was further promoted as the building and rooms were secure. The privacy of children and their families was promoted through the secure storage of digital and paper records.

How good is our leadership?

5 - Very Good

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

Quality Indicator 3.1 - Quality assurance and improvement are led well

The service had developed a statement of aims and this was shared with parents through displays in the service and on their social media. There were opportunities for staff and parents to review the statement and consider if it reflected the aspirations of children and the wider community. This supported everyone to know what is important to meet the needs of children and families using the service.

The manager had a strong understanding of the importance of using the views of children, staff and parents in developing the service. They had created an atmosphere where people were confident in making

suggestions and providing feedback. There were opportunities available for parents to be involved in the service such as stay and play sessions and open days. These were used to ask for and gather feedback from parents about improvements and daily routines such as snack and resources. Children were able to participate in the choosing of resources and layout of rooms through discussion with staff and observations of their engagement. Parents told us they felt they and their children were involved in developing the service. They commented that they were "Regularly given the opportunity to give suggestions when visiting nursery" and "I strongly agree because I actively participate in providing feedback to the daycare regarding their services and programs. I regularly complete surveys, share my observations and suggestions with the staff, and engage in open and honest conversations about areas for potential improvement. I feel that my input is valued and that it contributes to the daycare's ongoing efforts to enhance their service". Staff told us they felt involved in the service and able to make suggestions and influence change.

The service had an ethos of continuous improvement. Self-evaluation, including feedback from other agencies, was used to identify areas where further development would improve experiences and outcomes for children. Improvements were planned for and this information was shared with staff and families supporting them to feel involved. We suggested that including planned reviews of progress would allow interim achievements to be celebrated. This should include an evaluation of changes implemented so far to ensure that children's outcomes are positively impacted. This will support the manager in ensuring that high quality learning and play remains at the centre of any developments.

How good is our staff team?

5 - Very Good

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

Quality Indicator 4.3 - Staff deployment

The manager understood the importance of having appropriate staffing levels in place to meet the needs of children and support their wellbeing. This enabled children's wellbeing to be supported through positive relationships and connections between staff, children and parents. Parents told us that, "The most positive aspects of my child's experience at the daycare are the nurturing and supportive environment fostered by the caring and dedicated staff" and "The staff have gone above and beyond to help my child feel at ease as well as us as parents". Another parent commented, "I simply want to express my sincere gratitude to the entire team at the daycare for their exceptional care and dedication. They have created a truly wonderful environment where my child thrives, and I feel confident leaving them in their capable hands each day. Thank you for all that you do!"

The service had very low staff turnover and therefore had a well-established staff team. New members of staff told us they felt welcomed and valued as part of the team. The senior staff and leadership team had been in place for a number of years, providing a consistent approach and ethos for the service. The staff worked well together and treated each other with courtesy and respect. This fostered a happy and relaxed atmosphere for children and families to enjoy. They communicated well when tasks took them away from children, ensuring that children still received the support they needed.

A continuity of care and support for transitions were promoted as there was enough staff throughout the day including at busy times. The need for quality interactions and support was recognised as being necessary to support children's wellbeing and safety. At most times staff were proactive in recognising where they needed to be to best support the children, this was less apparent at lunch time. We suggested having more defined staff roles within the lunch time routine would help support this time to.

Children's safety was promoted as staff were recruited well, with appropriate safe recruitment checks being carried out. New staff were supported to feel confident in their role through an induction process and mentoring system. We suggested that use of the National Induction Resource would further support this.

Staff communication was promoted through the use of digital platforms as well as informal meetings before and after each session. Individual meetings were taking place annually between the staff and their line manager. This provided opportunities for staff to share their experiences, skills and ideas as well as acknowledge achievements and progress.

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	5 - Very Good
1.3 Play and learning	4 - 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 cànan 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.