

Burns Bairns Under 5's Group Day Care of Children

2 The Cross
Mauchline
KA5 5DA

Telephone: 07752 072 111

Type of inspection:
Unannounced

Completed on:
29 May 2025

Service provided by:
Mauchline Burns Bairns Under 5's
Group

Service provider number:
SP2011011388

Service no:
CS2011280369

About the service

Burns Bairns provides a day care service from a community centre in Mauchline. The service is registered to provide care to a maximum of 33 children aged two years to those not yet attending primary school. The children are cared for in the community hall within the community centre with access an enclosed outdoor space. The service is close to local primary schools, shops, parks and other amenities.

There were 28 children registered with the service. There were 24 children present on day one of the inspection and 23 children present on day two of the inspection.

About the inspection

This was an unannounced inspection which took place on 27 May 2025 between 09:40 and 14:50 and 28 May 2025 between 09:00 and 15:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with two parent/carers using a focus group discussion
- Gained feedback from nine parent/carers using Microsoft form questionnaires
- Gained feedback from four staff using Microsoft form questionnaires
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- Staff deployment
- Safety of the physical environment, indoors and outdoors
- The quality of personal plans and how well children's needs are being met
- Children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Staff were warm and nurturing in their interactions with children.
- Staff knew children well and took account of children's current interests to plan play and learning experiences.
- Further developing personal plans would support staff to challenge children in their learning.
- Families were welcomed into the service.
- The service had made improvements since the last inspection.
- Consistently logging key information would support the ongoing development of the service.
- Staff were deployed across the service to support the needs of children.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

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

Quality indicator: 1.1 Nurturing care and support

Staff were warm, kind, and caring. They had formed positive relationships with children and responded to their needs using nurturing approaches, ensuring that children felt emotionally safe and secure. As a result, children were happy and confident. Parents commented: "The staff are so kind and caring" and "My child loves the staff and has built up a great relationship with them."

Children were consulted and listened to throughout the day. Staff respected their views and opinions, for example, during play and before personal care. Overall, interactions with children were positive. This contributed to children feeling valued and that their views mattered.

Mealtimes were relaxed, unhurried, and provided a sociable atmosphere for children. Children were able to independently select their food and pour their own drinks. Staff joined the children at the table, engaging in conversations about their day. Some children had opportunities to clear away their own plates and cutlery after lunch although this was not consistent. Children were not involved in setting up for lunch and some children were not assisted with changing into clean clothing following food spills during mealtimes. We discussed with the manager how the lunchtime experience could be further developed to support children to develop their skills, provide a consistent approach and support children's wellbeing and personal care needs.

Personal plans supported children's wellbeing and targets were agreed with parents which helped to promote continuity of care for children. Parents told us: "Any time targets get updated I'm asked for my opinions or if there is anything I want them to focus on." While targets were recorded, they did not clearly identify how children would be supported to make progress in their learning. Some important information, such as key events and changes in children's lives was also not recorded. We discussed how the information recorded could be further strengthened to support staff in tracking key events and changes in a child's life and provide additional challenges for children. This would ensure children receive the right support at the right time.

Medication was stored safely in accordance with good practice guidance, and permission forms were completed by parents. Although medication was stored safely, we noted that on some occasions, medication was administered at varying doses by staff members without documented justification. The rationale and any signs and symptoms displayed by children were not recorded on the medication administration forms. The manager advised that dosage changes had been agreed following consultations with parents and relevant health professionals. We discussed the importance of clearly documenting these decisions and any signs and symptoms children are displaying to support the administration of further doses of medication to children. This would support children's health and wellbeing and ensure accountability in line with the safe administration of medication guidance.

Quality indicator: 1.3 Play and Learning

Children were happy and mostly engaged in their play, and they had fun as they explored the resources. Play areas were stimulating for children, allowing them to self-select toys and materials of interest. As a result, children were progressing well.

Staff knew children well and took account of children's current interests to plan play and learning experiences. Planning processes enabled staff to support children in progressing their learning. Staff supported the development of children's experiences and recorded learning through observations of children and within floor books and online learning journals. Parents told us: "Learning journals let's us see what the children have been learning and playing with" and "We get to set targets along with staff and are kept updated on the learning journals." Continuing to build on children's spontaneous experiences and capturing these within floor books and learning journals would support staff in developing them further.

Children could access experiences that promoted choice and independence. For example, children enjoyed playing outdoors with loose parts. Loose parts are materials that can be moved, redesigned, and used in multiple ways. Children made houses and obstacle courses and had fun expressing themselves through play. Some staff extended children's thinking and consolidated their learning through play experiences, although this was not consistent, resulting in missed opportunities for some children to engage deeply in play and learning activities. We discussed with the manager how this could be further developed to fully support children. Providing consistency in staff approaches would enable staff to recognise and enhance children's progress and achievements.

Before lunch, children were brought together in a large group. During this time, children became disengaged, showing signs of restlessness and a lack of interest. We discussed with the manager how this part of the routine might be improved to better support children's engagement and wellbeing.

Staff supported and developed children's literacy and numeracy skills through a variety of opportunities and interactions, such as discussions with children, storytelling, numeracy experiences, singing, and technology experiences. This included taking into account children's ideas, comments, and learning during their experiences. As a result, children were engaged and focused during their play.

Staff welcomed families into the setting and there were opportunities for families to participate in stay and play sessions. This enabled parents to be involved in their child's learning and development and helped parents with ideas on how to support their child's play, learning, and development at home. Parents commented: "Love all the stay and plays they have and I feel very involved with everything that goes on."

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

Children had access to a warm, welcoming space. Some soft furnishings supported areas for children to rest and relax. We discussed how these could be further developed to support children's overall wellbeing.

A secure, controlled entry system enabled staff to see who they were letting in. Staff completed accurate registers of children attending, detailing who had dropped them off and who was picking them up. Visual

displays, such as whiteboards, helped staff keep track of the number of children present at any given time. This ensured all children were kept safe and accounted for. Parents commented: "The door policies at drop off and pick up are really thorough for the children's safety" and "Everything is very secure, staff are always at the doors and always watching the children."

Resources were safe for children and although some were set out within areas they were not accessible for children. For example, some real foods within the mud kitchen outdoors were placed on a high up shelf which children could not reach. This created missed opportunities for children to enhance and develop their play. We discussed how this could be further supported to enable children to be able to self select resources and develop their ideas.

Staff supported children to stay safe within the learning environment and encouraged children to recognise and manage risks. Risk assessments enabled staff to implement mitigations that reduced risks to children. We noted that the outdoor boundary fence was low and we discussed with the manager the importance of being mindful of this when considering the placement of toys and materials nearby, as these could potentially enable children to climb over. This would support staff to maintain a safe environment for children and keep children safe.

Some infection prevention and control procedures were in place to support the wellbeing of children. Children were encouraged to wash their hands at key times, such as before eating and after using the bathroom. However, some children did not use soap and water when washing their hands and children were not encouraged to wash their hands after outdoor play. We discussed how staff could further support children to wash their hands effectively. This would help reduce the spread of infection.

Children had access to a spacious playroom, snack room, entrance area and outdoor area. However, some areas of the learning environment could have been utilised more effectively. For example, one room within the service was only used for snacks and lunches. The manager told us they had explored ways to use this area for children's experiences; however, they had not yet identified a suitable or effective use for the space. We discussed how the service could better utilize this area to support children's experiences.

The premises used by the service was equipped with closed-circuit television (CCTV), which was locked away, password protected, and accessible only to the chairperson of the community association. Cameras were installed in areas to ensure the safety of the building and did not impinge on children's privacy and dignity. The use of CCTV was outlined in the service's handbook and we advised the manager to ensure that signed consent is obtained from all parents and staff regarding the use of CCTV. In addition, we asked the manager to develop a clear and comprehensive policy detailing how CCTV is used within the service. This would support good practice in maintaining safety, security, and transparency for all service users and staff.

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 improvements are led well

The service had made improvements since the last inspection and a quality assurance calendar had been created to provide an overview of areas to be monitored. Management regularly monitored aspects of practice, which enabled them to highlight areas for improvement.

For example, regular monitoring of the service's continuous provision and child engagement enabled management to ensure appropriate resources were available within stimulating areas of the learning environment to support children's learning. This provided a consistent approach, supporting more positive outcomes for children.

Audits had been implemented since the last inspection, and some audits supported staff to keep children safe, having had a positive impact on the service. For example, audits of accidents and incidents completed were detailed, and it was evidenced that there had been a reduction in the number of accidents and incidents within the service following actions taken based on the findings of the completed audits. We discussed with the manager how some audits, such as Medication, could be further strengthened. Although medication audits detailed medications held on the premises and when medications were returned to parents, adding monthly checks of medication expiry dates to these would further support staff to keep children safe.

Self-evaluation processes had been developed since the last inspection, and management had completed an overview of 'what they were doing,' 'how they knew,' and any further actions to be taken. They used supporting documents such as the Care Inspectorate's quality framework, 'A quality framework for daycare of children, childminding and school-aged childcare' to support this. This enabled them to work together to highlight where improvements were required within aspects of the service. Continuing to develop self evaluation with staff would further support meaningful engagement and improvements.

We discussed how this could be further strengthened by involving all staff in the self-evaluation process. This would enable them to work together to highlight where improvements were required within aspects of the service, leading to more meaningful engagement and improvements.

An improvement plan supported the service in making informed improvements. The plan included developing and embedding children's rights, which was evident within the service's planning processes. We observed that this approach was positively impacting outcomes for children, as staff consulted with them regarding their ideas and opinions, as well as their interests, providing opportunities for staff to listen to children and respond to their feedback.

Staff personal development reviews had been developed identifying strengths and areas staff wanted to develop. We discussed how these could be further strengthened to support staff in developing their skills. For example, setting achievable targets for future development where there are clear actions and a clear understanding of who is responsible for taking discussions forward. This should foster more meaningful engagement and discussions, leading to more positive outcomes.

Families were encouraged to make informed improvements within the service. Consultations with children and families regarding improvements were meaningful, and any actions taken were shared with parents through regular updates. The service used social media to support effective communication and consultations with parents. Parents commented: "Parent feedback is asked for regularly and gratefully received."

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

Staff were deployed across the service to support the needs of children. They were focused on children and available to support their care and play. Staff worked well together and communicated effectively with one another throughout the day to support children in choosing where they wanted to play. For example, two staff were situated within the outdoor play area. However, if more children wanted to play outdoors, the staff moved areas to support this. This ensured appropriate supervision of children and kept them safe.

Regular staff meetings provided a consistent approach to communication. This provided opportunities for staff to come together and discuss aspects of the service, share important information on how to meet children's needs and plan for a breadth of experiences. This ensured that all staff received communication updates and clearly understood developments within the service, as well as important information to support a consistent approach to meeting children's needs. As a result, children and families experienced continuity of care and support.

Staff had been allocated leadership roles and were taking a lead in literacy, numeracy, and health and wellbeing within the service. We saw evidence of how this had impacted outcomes for children. For example, the service had identified gaps in children's numeracy development and they had implemented small group activities relating to numeracy, supporting children's numeracy development.

Staff were kind and compassionate in their care of children and positive relationships with families supported children to feel safe, secure and confident. Staff worked well together, and they communicated respectfully and supported each other when necessary. This created a warm, friendly atmosphere for children. Parents commented: "Couldn't ask for better staff who genuinely care about my child."

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 support positive outcomes and experiences for children, the manager should ensure that processes for quality assurance, self-evaluation and planning for improvement are implemented fully and further developed where necessary. They should ensure that processes are leading to meaningful improvements which are focused on outcomes for children. This should include but is not limited to:

- Observations and feedback on staff and child interactions and the quality of children's experiences.
- Further develop routine robust self-evaluation for improvement. This would support staff in making informed changes in practice.
- Further develop staff one to one's to include a process for developing staff successes and areas for improvement relating to their individual job descriptions.

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 3 June 2024.

Action taken since then

The service had developed their quality assurance and monitoring processes since the last inspection. They had further developed routine self-evaluation for improvement which supported staff in making informed changes in practice. One to ones for staff had been further developed to support staff to develop their successes and areas for improvement relating to their individual job descriptions. Therefore, this area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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 iartras.

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.