Newtongrange After School Club
Day Care of Children

Newtongrange After School Club
c/o Newtongrange Primary School
Sixth Street
Newtongrange
Dalkeith
EH22 4LB

Telephone: 0131 561 9330

Type of inspection: Unannounced
Inspection completed on: 19 December 2016

Service provided by:
Newtongrange After School Club a
Scottish Charitable Incorporated
Organisation

Service provider number:
SP2012011908

Care service number:
CS2012310959
About the service

Newtongrange after school club operates from premises inside Newtongrange Primary school. The club operates from the dinning room and an adjacent class room. Other parts of the school are used they include toilets and the outdoor play ground, in addition children have timetabled access to the sports hall.

The services aims include the following:
“To support the economic and social regeneration of Newtongrange by providing reliable and affordable childcare for working parents and carer and those in education and training.
Provides a pleasant and stimulating environment. The challenging programmes broaden the experience of children and offer a wide range of activities. These include arts and crafts, sport, games, projects and outings.
Provides experienced and trained staff enabling child centred care which meets the educational and social needs of children."

The Care Inspectorate is committed to improving the health and wellbeing of children receiving a care service. We want to ensure that they have the best start in life, are ready to succeed and live longer healthier lives.

We check that services are meeting the principles of Getting It Right For Every Child (also known as GIRFEC). Set up by the Scottish Government GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention. The approach helps services focus on what makes a positive difference for children and young people - and what they can do to improve. GIRFEC is being woven into all policy procedure, strategy and legislation that affect children, young people and their families.

There are eight wellbeing indicators at the heart of GIRFEC. They are also known as the SHANARRI indicators. We use the indicators at inspection to assess how services are making a positive difference for children.

What people told us

During the inspection we spent time chatting with and observing children. The children were happy to chat to us about the service. Comments were positive and included the following “I’ve been coming here for a long time, I like it because the staff are kind and fun and I can play with my friends.” “It’s a good place, it would be better if we had more things like computer games but I would still recommend it.” “The best things are the food and getting to play with lot of things, I really like the crafts.” and “I would give it five stars it’s fun.”

Eleven parents returned our Care Standards questionnaires. Seven strongly agreed and five agreed with the statement “Overall, I am happy with the quality of care my child receives in this service.” In addition we spoke to parents as they picked up their children. The following comments were made:
“The staff are excellent. They encourage children to take part in lots of activities, especially outdoors - they are extremely inventive and they definitely promote risk taking and adventure.”
“Staff are always very laid back and friendly, Heather is very approachable and does her best to accommodate my family. The staff team seem relaxed in their roles and seem to have a good rapport with the children.”
“The school gates in the playground should be locked. This is outwith the after school clubs control but it is something the school should deal with.”
“An excellent service is provided by the after school club. The manager is approachable and competent, both myself and my children have been welcomed from the start.”
Self assessment

From this inspection we graded this service as:

Quality of care and support 4 - Good
Quality of environment 4 - Good
Quality of staffing not assessed
Quality of management and leadership not assessed

What the service does well

A strength of the service was the consistency of the staff group. This helped to ensure that children were cared for by staff who knew them well and were confident in describing their needs and interests. Staff kept a record of key information related to children’s care and support needs. This was reviewed with parents on a regular basis which helped to ensure it remained relevant to children’s needs.

Children were encouraged to follow good hygiene procedures which helped to embed good habits for life. Snack foods were plentiful and followed the NHS Scotland guidance document Setting The Table. Staff sat with children supporting conversation and social skills.

Staff had recently taken part child protection training. In conversation with them it was apparent that they understood their responsibility in relation to supporting children’s wellbeing.

The staff team had created a relaxed and fun environment. Children responded well to this, we saw that they were confident and respectful in their interactions with staff. When children asked for support they responded appropriately ensuring that their needs were met while encouraging independence.

The children were involved in planning the activities they took part in. They moved comfortably around the playrooms and it was apparent that they were used to making their own choices from the range of toys and resources available to them. We saw photographs taken throughout the year which illustrated the range of choices available inside and in the outdoor playground. They included imaginative use of loose parts, den building and arts and crafts activities. Some of these activities had been made into a video about the club which the children were proud of.

The outdoor areas was used regularly to ensure that children had opportunities for active outdoor play. On the day of the inspection many children chose to play outdoors and were well supported by staff who provided head torches and lamps so that play was not interrupted due to fading light.

What the service could do better

A small number of children using the service had asthma inhalers. The children were old enough to manage their own medication. However there were no care plans in place to support staff in the actions they should take if using the inhaler as directed did not alleviate the child’s symptoms. We made a recommendation about this. (See recommendation 1).
Parents were not asked to give their signed confirmation that they had given their child the first dose of any new medication being left in the service. We showed the manager how to obtain a copy of the guidance document ‘Administration of medication in daycare of children and childminding services’ and asked her to amend the services medication policy. We made a recommendation about this. (See recommendation 2).

A parent expressed concern over their child being able to watch a specific television programme while they were attending the after school club. We accept that there may be times when children attending after school club are allowed to watch television. However parents should be given clear information about why and when television is being used and what alternative activities are available so that they can opt their children out of television if they wish to do so. We spoke to the manager about this and she agreed to write to parents explaining how and why television is used in the service giving them the option to opt out of this and explaining the other activities available to children.

Following the inspection the manager told us about the steps they were taking to address the issues identified above.

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 2

1. It is recommended that the provider ensures that all children using medication on a permanent basis have a care plan in place. This should be reviewed at least once every six months in order to ensure it remained relevant to the child’s needs.

National Care Standards Early Education and Childcare up to the age of 16 (NCS) Standard 3 Health and wellbeing.

2. It is recommended that the provider ensures parents give their signed confirmation that they have given their child the first dose of any new medication.

NCS Standard 3 Health and wellbeing.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).
### Inspection and grading history

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<tbody>
<tr>
<td>1 Nov 2013</td>
<td>Unannounced</td>
<td>Care and support: 4 - Good</td>
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<td></td>
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<td>Environment: 4 - Good</td>
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<td>Staffing: 4 - Good</td>
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<td>Management and leadership: 4 - Good</td>
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