

Spring Oscars @ Currie Day Care of Children

Currie Bowling Club
283 Lanark Road West
Currie
Edinburgh
EH14 5RT

Telephone: 07827 336664

Type of inspection:
Announced (short notice)

Completed on:
25 November 2020

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2018372402

About the service

Oscars@Currie registered with the Care Inspectorate on 4 April 2019. It is registered to provide an early learning and childcare service to a maximum of 30 school aged children up to entry to the second year of high school within the care service address and 40 school aged children up to entry to the second year of high school at the breakfast club at any one time. The service operates a breakfast club based at Currie Primary School, 59 Curriehill Road, Currie, EH14 5PU.

The after-school club operates from Currie Bowling Club in a suburban area in the South West of Edinburgh. Children have use of the main hall, toilet facilities and two parks are located close by. The service is provided by Out of School Scotland Limited.

The aims and objectives of the service are:

- to provide quality out of school childcare to children attending Currie Primary School
- to offer play and educational opportunities in a safe, welcoming environment with a clear emphasis on the social and educational welfare of each child
- to promote the dignity, privacy, choice, safety, potential and diversity of all users and staff of the club.

We undertook this inspection using virtual methodology which includes the use of technology to inspect services. As part of this process we undertook the following:

- virtual tour of the after-school club on 16 November 2020
- virtual observations of the snack routine and children's play experiences on 16 November 2020
- video meeting with staff
- request for documentation
- email issued to the service for distribution to parents requesting that they contact us with their views of the service
- virtual observation of children's play experiences on 23 November 2020
- video meeting with the manager of the service.

This was a focussed inspection to evaluate how well children were supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of children experiencing care during the pandemic.

What people told us

There were 23 children using the service at the time of inspection. We asked children if there was anything different in the after-school club and they told us about the changes that had occurred due to COVID-19. Children told us about the white line that divided the room and talked about having two different groups. They told us about washing their hands and gave a demonstration on how they did this properly.

We observed children eating their snack and heard about the different snack foods they enjoyed. One child said - "we could have better snack". Staff described the various snack foods offered and told us that children were involved in choosing foods for snack each week. We discussed with staff the importance of encouraging children to drink water with their snack to promote healthy habits.

Children spoke positively about the staff and said that they enjoy talking to them and taking part in art competitions. Staff gathered children's views on what they would like to do at the after-school club.

At the time of our observations, younger children were engaged in modelling with playdough or playing a

board game. We observed that some older children were less engaged in play and they showed us that they were unable to use the drawing table because the paper was "used". They told us that they had limited visits to the park "because of Covid, it is too busy" and that they had not visited the woods. This was confirmed by staff. We discuss this further in the body of the report.

We requested that the service ask parents to contact us with their views of the service. We spoke to one parent who said that their child had settled in fantastically at the after-school club and that their child really enjoyed going to the club as there was lots to do.

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

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| How good is our care and support during the COVID-19 pandemic? | 2 - Weak |
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

5.1 Children's health and wellbeing are supported and safeguarded during COVID-19

We identified weaknesses in how children's individual needs were supported and, in the variety and quality of experiences available for all age groups.

Children were cared for in a warm and kind manner. Children were supported to understand changes to their experiences in response to COVID-19 and the reasons for these. Settling in procedures had been adapted and a parent told us about their child's positive experience when joining the after-school club.

The service supported families to understand the changes to routines by the distribution of COVID-19 Frequently Asked Questions. Parents were able to share information with the staff by telephone or email and verbally when collecting their child. To support communication between the service and parents, the provider had recently introduced a new Family app which could be used by staff as a newsfeed and to send private or group messages to parents.

Staff had reviewed and updated personal plans with parents for some children within the previous six months however, this was not the case for all children. Additional support plans had not been seen by staff and strategies to support children had not been shared by the manager. Where additional support plans had been written, these required clearer guidance for staff on how to recognise and support children's needs. As a result, staff interactions were not always consistent. Children's health and wellbeing must be supported and staff should be fully informed and appropriately trained to meet the needs of all children. See requirement one.

Staff provided opportunities for children to share their ideas and wishes through the weekly evaluation sessions. Evidence showed that some of these ideas were responded to by staff, such as, slime making but there was no evidence that attention had been given by the service to the needs and interests of different age groups. Staff developed weekly plans for children's play however, both groups of children experienced the same activities and there was no recognition that older children may need a more challenging type of play. Children's experiences could be improved by staff reviewing their planning procedures and responding to the interests of different age groups. See area for improvement one.

Children's outdoor play experiences were limited as a result of staff avoiding the playpark when it was crowded. Staff should consider alternative spaces surrounding the after-school club where children can play outdoors and participate in physical activities. The manager told us that she intended to use the nearby woodland to provide challenging outdoor play experiences.

Children would benefit from being actively involved in planning activities and developing risk assessments for visits to the woods. See area for improvement one.

5.2: Infection prevention and control practices support a safe environment for children and staff

We found that adequate infection prevention and control practices supported a safe environment for children and staff.

We observed the environment through remote methods. It appeared clean and pleasant for children. Staff

worked well as a team to build in the necessary enhanced cleaning tasks to their daily routines. Although they discussed how it was difficult to always find the time.

Children confidently told us about the changes that had taken place in the club since they had returned. They told us about the different groups they were in, how the hall was divided in two for each group and told us about the increased handwashing. We saw staff reminding children to wash their hands. This evidenced how staff had supported children to understand the need for change however, the service was not always following best practice guidance in relation to handwashing. For example, using hand gel at times when they could be handwashing in a sink with soap and water. We discussed alternatives that they could consider such as the use of a portable sink to provide more opportunities for children to wash their hands. See area for improvement two.

Although the children were divided into two groups, this was done by class and it did not take account of friendship and sibling groups. This had the potential to cause upset to children and indeed a child did ask us why they could not play with their sibling. This did not adhere to the service's COVID-19 guidance. We discussed this with the manager and asked them to review this practice.

We spoke to staff about their responsibility to reduce the risk of infection by applying physical distancing measures. They told us they were confident in doing so and regularly reminded each other. Our observations confirmed that staff maintained a safe physical distance from other adults. They took extra protective measures such as wearing Personal Protective Equipment (PPE) but we questioned the overuse of PPE by some staff members. The manager demonstrated a limited understanding of how and when PPE should be used. We asked her to review practice to ensure that it was contributing to a safe environment for children. The service had a COVID-19 risk assessment which had been provided by the organisation. Detailed information in the risk assessment was not followed in the service. See area for improvement two.

5.3: Staffing arrangements are responsive to the changing needs of children during COVID-19

We identified weaknesses in the provider's support and supervision of staff, including that of the manager, and the quality assurance processes in place for the service.

Staff were welcoming and worked with us in a co-operative manner throughout this virtual inspection. The service had recently recruited new members of staff who were enthusiastic and brought new ideas to improve practice and children's experiences. Evidence showed that there had been a few changes within the staff team and children told us "there used to be a lot of adults". Wherever possible, the provider employed their own bank staff to cover absences in a bid to promote stable care and support for children.

Although there were enough staff to meet adult to child ratios, there was not always enough staff to meet the needs of younger children. For example, at times younger children waited in the school playgroup for 30 minutes for the older children to finish school. This meant that younger children did not arrive at the club until an hour after finishing school. We discussed with staff and the provider how this time could be used to provide meaningful experiences for children. See area for improvement three.

Staff were confident in their roles and understood their responsibilities in keeping children safe during the pandemic. Changes in working practice because of COVID-19 were shared with staff prior to the children returning and the provider had prepared a COVID-19 risk assessment and site operating plan as guidance for staff. To provide children with consistent care and support, all staff should review the risk assessment regularly to ensure that the information recorded reflects the environment of the service and the needs of children and staff.

The provider told us that they met regularly with the managers of their clubs to share ideas and good practice. From the evidence gathered by us however, it was apparent that ideas shared to improve children's experiences had not been implemented within the service. Children's quality of experience could be improved if the staff team had regular opportunities to develop a shared ethos, evaluate their practice and plan age-appropriate experiences for children. See area for improvement one.

The service were working on a questionnaire to gather the views of parents. We discussed with staff the benefits of seeking ideas from children and parents to improve the quality of activities and experiences, including development of an outdoor play area. By gathering the views of children and parents regularly throughout the year, a culture of ongoing improvement could be developed.

We discussed with the provider the need for them to improve their quality assurance processes around the management and leadership of staff. This included the need to support and supervise the newly established staff team, including the manager. The staff team would benefit from regular staff meetings where information could be shared to ensure that children receive consistent support from all staff. Team meetings could also provide staff with opportunities to carry out self-evaluation exercises and to develop an improvement plan which is specific to the service and its setting. See requirement two.

Requirements

1. Children should experience care and support that meets their individual needs. The service must ensure that by 18 January 2021, personal plans reflect children's needs and record specific strategies to support children's wellbeing. Children's needs include those relating to medical, dietary and additional support for learning. These plans should be shared with all staff so that children are supported in a consistent manner. To ensure that children's health and wellbeing are supported and safeguarded, the service should review personal plans with parents at least once in every six months.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 Personal Plans.

This is to ensure care and support is consistent with the Health & Social Care Standards which state that 'My personal plan (sometimes referred to as a care 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)

2. The provider must ensure that by 1 February 2021, children and parents experience a service which has a culture of continuous improvement because there are robust and effective quality assurance procedures in place. They should be confident that their service is well led and managed. Suggested steps to achieve this include, but are not limited to, ensuring that:

- the manager has sufficient support and the underlying knowledge to effectively improve outcomes for children;
- staff are appropriately supported;
- systematic and rigorous procedures for self-evaluation, auditing and monitoring all areas of the service using best practice guidance are developed which lead to clear plans for maintaining and improving the service.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations 2011, (SSI 2011/210) Regulations 3 and 4.

This is to ensure care and support is consistent with the Health & Social Care Standards which state that 'I use a service and organisation that are well led and managed'. (HSCS 4.23)

Areas for improvement

1. To support and promote children's wellbeing, staff should review planning procedures to ensure that children participate in experiences and activities which occur both indoors and outdoors and meet the interests of all age groups. Staff should pay particular attention to planning outdoor activities for Friday afternoons which provide children with the opportunity to be active and explore nature.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25)

2. The service should ensure that the COVID-19 risk assessment is specific to the service. Best practice guidance should be followed in relation to handwashing and the use of Personal Protective Equipment. The service should ensure that staff have adequate time for cleaning toys and resources.

This is to ensure care and support is consistent with the Health & Social Care Standards which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

3. The provider should review staffing arrangements to ensure that staff are deployed and sufficient in number to meet the needs of all children and to provide them with meaningful experiences.

This is to ensure care and support is consistent with the Health & Social Care Standards which state that 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation'. (HSCS 4.15)

Detailed evaluations

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| How good is our care and support during the COVID-19 pandemic? | 2 - Weak |
| 5.1 Children's health and well being are supported and safeguarded during COVID-19 | 2 - Weak |
| 5.2 Infection prevention and control practices support a safe environment for children and staff | 3 - Adequate |
| 5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19 | 2 - Weak |

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