

Balornock Out of School Care Day Care of Children

Balornock Primary School
422 Broomfield Road
Glasgow
G21 3UT

Telephone: 01415 583 936

Type of inspection:
Unannounced

Completed on:
9 December 2020

Service provided by:
Milton Out Of School Care

Service provider number:
SP2003001276

Service no:
CS2007152401

About the service

Balornock Out of School Care has been registered with the Care Inspectorate since 1 April 2011, which is the date that the Care Inspectorate was formed. The registered provider is a voluntary management committee, however a designated manager assumes responsibility for the day-to-day running of the service.

The service operates from Balornock Primary School which is located within the Balornock area of Glasgow. Children also attend from St. Catherine's and Elmvale Primary schools.

There is a number of amenities within the local area and public transport is an option for those wishing to access this.

The service is available Monday to Friday between 15:00 and 18:00 hours, and between 12:00 and 18:00 hours for children in primary one from August until September. Current registration also permits the service to operate Monday to Friday during school holiday periods. However, in recent years the children have all used Milton Out of School Care during holiday periods, which is run by the same provider. During operating times, the service has exclusive use of the dining room and gym hall. Staff also use the school playground to extend children's experiences.

Current registration enables the service to provide care for a maximum of 40 children up to the age of 16 years. The service aims include:

- Providing a safe and stimulating environment where school aged children can be cared from enabling parents to continue, or return to daytime work or education
- Providing a childcare service which has a priority to maintain the welfare of the children, out of school hours, and during holiday periods.

A full statement detailing the service's aims and objectives can be sourced directly from the service.

The Care Inspectorate has a role to ensure that each person experiencing care has access to high quality care and support, tailored towards their particular needs and choices. With this in mind, we check that each service is meeting the principles of Getting it right for every child, also known as GIRFEC. This is a national approach that supports improving the outcome and wellbeing for children to ensure that they get help at the right time and from the right people.

There are eight wellbeing indicators at the heart of GIRFEC, these are; safe, healthy, achieving, nurtured, active, respected, responsible and included. We use these wellbeing indicators to assess how services are making a positive difference to children's lives.

What people told us

There were 11 children present during the site visit to the service. Children told us that they enjoyed their time at the service, and we observed many to be well engaged in their play. Children told us that meetings were held on a Friday so that they could have an input in to what would happen over the course of the following two week period. Children confirmed that they were able to request alternative resources and activities to those placed on the tables by the staff team.

We spoke with five parents during the course of the site visit. Overall, parents told us that they were generally happy with the service, as were their children. Many parents felt that communication had improved more recently and that this was a welcomed change. However, some gave examples of how this could be improved further.

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 and support during the COVID-19 pandemic?	3 - Adequate
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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?

3 - Adequate

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

Children returning to the service following a period of closure were supported to understand the changes. Children understood the benefits of washing their hands more frequently, and were observed doing this throughout the inspection visit. However, observations confirmed that some would benefit from further support to ensure that their handwashing was more effective. (See area for improvement 2 below.)

We found that overall, staff knew children well. We sampled personal plans, including written information regarding children's development. The information contained within these was inconsistent and, for some, had not been updated in line with legislative requirements. This meant that staff did not necessarily have current information to enable them to support children according to their needs, wishes and choice. The acting manager advised that staff were currently working through these documents. We have therefore carried forward requirement 1 and area for improvement 1 from the previous inspection dated 30 January 2020. (See requirement 1 and area for improvement 1 below.)

Overall, children appeared to be happy, content and well engaged in their play. Many had established good relationships with others. However, we noted that a few children were more isolated in their play, due to the existing arrangements of grouping children according to the schools they attend. We discussed the most recent changes in guidance that support a better outcome for some, and agreed that further consultation to support a revised approach would be beneficial for children.

Parents told us that, in the main, communication had improved within the service. They advised that the recent introduction of text and email communication was useful, and informative. Some, however, felt that communication regarding the need for closure, and re-opening thereafter, could be improved. As could communication regarding the use of the mini-bus. We have carried forward an area for improvement from our last report, as these examples of feedback highlight the need for more meaningful consultation with parents. The manager advised of the intention to revisit existing consultation methods with parents, this should include capturing the views of children and staff too in a meaningful way. (See area for improvement 3, below.)

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

Staff were aware of some of the good practice measures to mitigate the spread of infection. For example, they implemented the use of physical distancing to reduce contact both from one another, and from parents; cleaning practices had been enhanced; windows were opened to increase ventilation and staff used hand sanitiser each time they moved between indoor and outdoor areas. This list is not exhaustive.

Staff encouraged children to play outdoors, as they recognised the benefits of using the outdoor area to reduce the transmission of infection. This enabled children from all schools to play in the one area without segregation: this is important to children's wellbeing.

We received copies of the service's risk assessments, and a range of policies and procedures that had been amended to support a safer environment during the pandemic. This demonstrated that some consideration had been given to reducing and mitigating risk, and that clear procedures were in place to deal with potential situations that may arise. We found that staff were familiar with the updated policies and

procedures: this promoted a consistent approach. However, we found that existing risk assessments and checklists could be improved. These were not dynamic and didn't always reflect current guidance. (See requirement 2 below and also action taken on area for improvement 3 within the section titled, What the service has done to meet any areas for improvement we made at or since the last inspection.)

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

The staff team had worked together for a number of years. This provided children with consistency and familiarity.

We found the ratio of staff to children to be very good. This meant that staff could be more available to meet the needs, wishes and choices of children. However, all staff wore face coverings throughout the duration of the inspection visit. We felt this impacted on staff: child interaction at times as this was more limited in some cases.

Staff told us that they felt safe and well supported at work. All had undertaken inhouse training in relation to infection prevention and control upon their return to work in August 2020, and this was documented within their training record. Staff advised that there was a designated folder containing updates regarding good practice surrounding the Coronavirus. However, not all had taken the time to familiarise themselves with the updated guidance. Implementing a more effective monitoring and recording system would support the manager to identify gaps in staff's knowledge and support improvement. We have carried forward area for improvements 3 and 4 from the previous inspection. (See areas for improvement 3 and 4 below.)

Area for improvement 5, detailed below, has also been carried forward from the previous inspection. We found that although all staff were registered with the Scottish Social Services Council (SSSC), not all were registered to work within this service. The SSSC is the regulatory body responsible for the social services workforce.

Requirements

1. By 31 January 2021, the provider must implement effective systems to ensure that all relevant parts of children's personal plans are completed in a meaningful way. This includes information for children who have medical conditions and for those with additional support needs.

This is to demonstrate Health and Social Care Standard 1.15 which states, '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.'

It is also necessary to comply with regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, SSI 2011/210.

2. The provider must implement an effective system to ensure that checklists and risk assessments are dynamic, and fit for purpose. Potential risks must be considered and documented in line with guidance regarding infection prevention and control. Records must also clearly detail how the service proposes to either eliminate or reduce any such risks.

This is to demonstrate Health and Social Care Standard 5.22 which states, 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.'

It is also necessary to comply with regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, SSI 2011/210.

Areas for improvement

1. Existing development plans, associated with children's care plans, should be based on SHANARRI wellbeing indicators and the resilience framework. The existing assessment wheel should be used as an aid to discuss further development outcomes.

This is to demonstrate Health and Social Care Standard 1.19 which states, 'My care and support meets my needs and is right for me' and Health and Social Care Standard 1.23 which states, 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'

2. Where appropriate, children should be supported to wash their hands effectively: this may be aided through the use of posters and staff role modeling. Where appropriate, consideration should also be given to providing an alternative means to drying hands effectively, particularly where children have a fear of using the hand dryer.

This is to demonstrate Health and Social Care Standard 4.11 which states, 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

3. The manager should introduce a robust quality assurance process that allows for the views of children, parents and staff to be captured in a meaningful way. Constructive feedback should then be used to inform the service's improvement plan and any changes that result from the evaluation process should be communicated back to relevant parties.

This is to demonstrate Health and Social Care Standard 4.23 which states, 'I use a service and organisation that are well led and managed' and Health and Social Care Standard 4.19 which states, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

4. The manager and area manager should collate the training identified to be undertaken by each member of staff into one document in order to form the service's training plan.

This is to demonstrate Health and Social Care Standard 3.14 which states, 'I have confidence in the people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'

5. The manager should ensure that all staff working within the service are registered with the SSSC for the role that they are employed to perform. This may involve developing a new system, that is more effective than the one currently being implemented at a higher level.

This is to demonstrate Health and Social Care Standard 4.23 which states, 'I use a service and organisation that are well led and managed.'

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 9 March 2020, the provider must implement effective systems to ensure that all relevant parts of children's person plans are completed in a meaningful way. This includes information for children who have medical conditions and for those with additional support needs.

This requirement was made on 18 February 2020.

Action taken on previous requirement

We sampled children's personal plans and found the information detailed within to be inconsistent. We noted that some personal plans had not been reviewed either as circumstances had changed, or within the maximum six month period dictated by legislation. Staff must review all plans in line with legislation, involving the children and their parents as appropriate in this process. Consideration should be given to the Coronavirus and the potential impact that this may have had for any of these children as individuals. Where children have additional support needs, clear strategies must be agreed with parents to ensure consistency in supporting their needs.

Not met

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

Existing development plans, associated with children's care plans, should be based on SHANARRI wellbeing indicators and the resilience framework. The existing assessment wheel should be used as an aid to discuss further development outcomes.

This area for improvement was made on 18 February 2020.

Action taken since then

The acting manager confirmed that staff have begun to review these plans, however this is still work in progress. The service's improvement plan stated that staff would be given training around the SHANNARRI

wellbeing indicators, which would support taking this area for improvement forward, but this had yet to happen. This area for improvement is therefore being carried forward.

Previous area for improvement 2

Resources and activities should be reviewed to ensure that they provide a wide range of experiences in line with children's interests. In addition to fun, these should provide stimulation and challenge.

This area for improvement was made on 18 February 2020.

Action taken since then

Children told us that they met weekly to forward plan. This demonstrated that they were able to influence some of the activities and resources available to them. We were shown an inventory of resources.

Consideration should now be given to introducing a more child friendly resource that will support younger children to make informed choices, as those new to the service will not have seen many of the resources.

Overall, we were satisfied that this area for improvement had been met.

Previous area for improvement 3

Existing checklists, and informal risk assessments, should be further improved. Potential risks should be considered and documented, along with information on how to either eliminate or reduce any such risks.

This area for improvement was made on 18 February 2020.

Action taken since then

We found that risk assessments were not dynamic and therefore did not always reflect current guidance. We also noted that some basic infection prevention and control issues needed to be considered further, such as the use of open topped bins, and access to paper towels at the location where children's hands were being washed. Occupational risk assessments needed to be undertaken for staff members working within the service, and information gleaned used to inform further risk assessments as appropriate. Due to our findings, we have made a requirement to strengthen the need to implement effective systems that monitor controls, to ensure they are working as planned and are updated appropriately in line with any changes to either Scottish Government or Public Health Scotland guidance.

Previous area for improvement 4

The manager should ensure that all staff working within the service are registered with the SSSC for the role that they are employed to perform. This may involve developing a new system, that is more effective than the one currently being implemented at a higher level.

This area for improvement was made on 18 February 2020.

Action taken since then

We found that one staff member, although registered with the SSSC, was not registered to work within this particular service. This highlighted that an effective system had yet to be implemented in relation to monitoring staff's employment. We have therefore carried this area for improvement forward.

Previous area for improvement 5

The existing induction process should be formalised and documented accordingly.

This area for improvement was made on 18 February 2020.

Action taken since then

There had been no changes to the staff team since the last inspection therefore, this recommendation will be addressed at a future inspection.

Previous area for improvement 6

The manager and area manager should collate the training identified to be undertaken by each member of staff into one document in order to form the service's training plan.

This area for improvement was made on 18 February 2020.

Action taken since then

Training undertaken by staff had been collated into the one document. However, based on our findings, there was no evidence to suggest that an effective training plan was in place, as many of the staff were unfamiliar with the most recent guidance on reducing the risks from COVID-19 in early learning and childcare settings. We have therefore carried this area for improvement forward.

Previous area for improvement 7

The manager should introduce a robust quality assurance process that allows for the views of children, parents and staff to be captured in a meaningful way. Constructive feedback should then be used to inform the service's improvement plan and any changes that result from the evaluation process should be communicated back to relevant parties.

This area for improvement was made on 18 February 2020.

Action taken since then

Some systems had been introduced to try and capture the views of children, parents and staff. However, these systems did not constitute a robust quality assurance process and the manager acknowledged that further work was needed. We suggested that it might be beneficial to seek further support with this area for improvement from the Scottish Out of School Care Network. This is a national organisation that offers support, mentoring, training, information and resources to this particular type of service. We have carried this area for improvement forward.

Previous area for improvement 8

The area manager should ensure that the manager is given documentation and instruction that clearly defines her role and responsibilities when undertaking her management role. The area manager should ensure that the manager has access to all the relevant tools to enable her to implement the management role in full.

This area for improvement was made on 18 February 2020.

Action taken since then

We received a copy of the manager's job description. The manager was confident that they knew what their role and responsibilities entailed, despite the fact that not all of these were recorded. In the event of the manager being absent, a more detailed description may be helpful, but overall, we were satisfied that this recommendation had been met.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
5.1 Children's health and well being are supported and safeguarded during COVID-19	3 - Adequate
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	3 - Adequate

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