

# The Octagon Kidz Club (The OK Club) Day Care of Children

St. Bride's Church Hall  
Whitemoss Avenue  
East Kilbride  
Glasgow  
G74 1NN

Telephone: 07860 114 838

**Type of inspection:**  
Unannounced

**Completed on:**  
22 June 2021

**Service provided by:**  
The Octagon Kidz Club

**Service provider number:**  
SP2004006937

**Service no:**  
CS2003043295

## About the service

The Octagon Kidz Club (The OK Club) registered with the Care Inspectorate on 01 April 2011 to provide a day care of children service for a maximum 32 children of primary school age. The service is provided by a parent management committee. At the time of our inspection, the service was operating at a much lower capacity with just 10 children attending.

We carried out an unannounced onsite inspection of the service on 15 June 2021. We then concluded the inspection remotely over the course of a week. Feedback was provided to the manager, a senior staff member and a member of the committee on 22 June 2021.

The service is provided from St. Bride's Church Hall in East Kilbride. The premises are comprised of a large hall, small hall, toilet facilities, kitchen and outdoor play space. During this inspection the premises were not used as agreed in a variation which was granted by the Care Inspectorate in March 2021. We have reported on this under Quality of Environment within this report.

The aims of the service state: 'We aim to offer good quality, affordable childcare to children of primary school age from the local community. We aim to offer play and education opportunities that are challenging and fun.'

We check services are meeting the principles of Getting it Right for Every Child (also known as GIRFEC), Scotland's national approach to improving outcomes and wellbeing for children by offering the right help at the right time from the right people. It supports them and their parent(s) to work with the services that can help them. There are eight wellbeing indicators at the heart of Getting it Right for Every Child: safe, healthy, achieving, nurtured, active, respected, responsible, included.

## What people told us

We received emailed comments from one parent during the inspection. The parent told us they were happy with the care their child received, they felt their child was safe and the staff were 'fantastic'.

We spoke with several children on the day of our visit to the service. Children were happy to be going to the club with one child saying they enjoyed the club even though they felt too old to go. Children told us that the move to new premises had made the club better as they could play outside more now. Other things children told us that they enjoyed included playing with friends and having snack.

## Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We looked at some documentation that the service was using to support the development of the service and have commented on this throughout the report.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	2 - Weak
Quality of staffing	3 - Adequate

## Quality of management and leadership

2 - Weak

## Quality of care and support

## Findings from the inspection

Children were happy and settled in the service. They spent the majority of time outside in the fresh air during our inspection and could choose from some outdoor play resources including sports equipment and loose parts. This allowed them to engage in energetic and imaginative play with friends.

The walk from school took account of the safest route and two groups of children from nearby schools met up to walk to the service together. Children enjoyed meeting up with their friends.

We asked the service to review the placement of staff on the walk from school to the service and we discussed the benefits of having one member of staff leading the group and one at the end. This would enable the group to stay closer together and contribute towards children's safety.

Up to date personal plans were in place for all children. However, these did not contain any strategies that would meet children's learning and support needs. New recording methods meant that some details, including children's general practitioner, were not recorded within the plans. This information needed to be added in order for staff to have all the information needed to support children. **See recommendation 1.**

A child protection policy was in place and staff understood their responsibilities in regards to this. As a result, we were confident staff would respond correctly if concerned about a child. In order to provide clear guidance for staff we advised the policy could contain more information on key contacts such as social work.

The snack provided on the day of inspection did not contain fruit or vegetables, although children and staff confirmed they had fruit on other days. However, the overall snack menu was not in line with nutritional guidance and should be reviewed in order to provide a healthy and balanced diet for children. **See recommendation 2.**

Children used hand sanitiser on arrival and prior to eating, which was not in line with hand hygiene advice within current operating guidance for services during the Covid-19 pandemic. This could have led to potential transmission of infection. We considered this to be related to how the premises were being used by the service and staff understanding of guidance, which we have reported on under environment and staffing.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 2

1.

Information within personal plans must be sufficiently detailed so it is clear about the support in place for individual children. Consideration should be given to:

- \*The individual needs that children require support with.

- \*This should include techniques and strategies that will be used to help children reach their potential.

- \*Information about links with other agencies.

- \*Parent/carer and where appropriate, children's input should be evident.

- \*Each plan should be reviewed at least once every six months with parents and where appropriate children. The plans should be signed and dated.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My personal 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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

2. The provider should review the snack menu to ensure a selection of health and nutritious food and drinks are available to children each day.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33)

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

The service had moved to new premises since the last inspection. This had increased the size of the outdoor space available for children to play and ensured children could be outside as much as possible. We noted that parts of the outdoor area were overgrown and the manager advised plans were in place to address this. Plans included building a new play hut and outdoor seating, which would make the area more inviting for children.

As the service had limited storage space, children could not self-select resources. We discussed with the manager the need to consider how children access resources on a daily basis to ensure they can shape their own play and learning.

The premises were bright, clean and maintained to a good standard. However, the premises were not being used in the manner that had been agreed with the Care Inspectorate. This included the service having no access to the large hall or female toilet as these were being used by another group. While there was enough space for the children attending on that day, this would not be the case if numbers attending increased. This had the potential to impact on children's experiences if not enough space was provided and if access to toilets was not in line with guidance. During the inspection, the manager applied for a variation to set out clearly how the premises would be used.

There were no risk assessments in place for the new premises and no clear procedures for the storage of medication. While no medication was being stored in the service, we were concerned that this and several other risks had not been considered in order to reduce the likelihood of children coming to harm. We advised that this required be addressed as a matter of priority to ensure children's safety. **See requirement 1.**

While we were onsite, a parent was able to access the playroom of the premises unchallenged as a rear fire exit had been left open. This represented a serious breach of safety as this door opened onto a car park, which was busy and used by members of the public. We issued a requirement during the inspection, which asked the provider to immediately put in place appropriate security measures to ensure children's safety. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a). The manager immediately took action to reinstall a virtual doorbell and provided assurances doors would remain closed when children were inside the premises.

## Requirements

### Number of requirements: 1

1. The provider must ensure that the premises are safe and that all potential risks are considered.

By 13 September 2021, the provider must ensure that procedures are in place to mitigate any potential risk to children, including where children may require medication. In order to achieve this, the provider must put in place the following:

- a) Written risk assessments that take into account all potential risks and the measures required to mitigate risk.
- b) Ensure that a clear and robust system is in place for the storage of medication.

This is in order to comply with:

Health and Social Care Standard 5.17: My environment is secure and safe.

Regulation 4 (1) (a) and Regulation 10 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

## Recommendations

Number of recommendations: 0

Grade: 2 - weak

## Quality of staffing

### Findings from the inspection

No staff had been recruited since the last inspection. However, we found that recruitment processes had been improved. We were confident appropriate measures were now in place to safely recruit staff. We could not assess whether the induction process had been improved or had an impact as recommended at the last inspection. **See recommendation 1.**

Staff were knowledgeable about their job role and understood the role they played in keeping children safe and providing opportunities for children to play and socialise with friends. Staff related well to children and knew them well, including being able to confidently discuss individual children's needs and the support that they required.

All staff had undertaken training relevant to their roles before the service reopened. This had focused on Covid-19 and the national operating guidance. We agreed this was the most important and relevant training for staff to undertake before the service reopened. However, there were inconsistencies in how Covid-19 guidance was being applied such as the use of face coverings and handwashing routines. Further evaluation of the effectiveness of this training would have identified any gaps in staff skills or knowledge.

The records of staff training did not detail any evaluation or the impact that training would have on developing staff practice. This relates to a recommendation from the previous inspection, which has been repeated in this report. **See recommendation 2.**

The staffing model being deployed in the service provided continuity of care for children. As a staff member was available to cover on a relief basis, this ensured that external cover for any staff absence was not required. We asked the manager to consider risk assessments for any staff who work across more than one care service. This would ensure there are clear measures in place to reduce the risk of Covid-19 being transmitted between services.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 2

1. The provider should further develop the induction procedure so it is an effective tool to assess staff practice and competencies. This will help identify areas for professional development.

This is to ensure I have confidence in the people who support me, consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

2. A training plan should be developed which supports the continued professional development of staff. Staff should evaluate any training or research they undertake to show how it has helped their practice and improved outcomes for children.

This is to ensure I have confidence in the people who support me, consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The manager and staff discussed some plans they had for improving the service including developing the outdoor area and making the indoor environment more child-friendly. The manager also highlighted how they intended to ensure children and parents had more opportunities to contribute to the project. This was supported by the implementation of a new social media group to provide updates and ensured parents could contribute their views on any changes.

There were very limited quality assurance processes in place, which impacted on the overall quality of the service. The quality assurance documents provided to us were not always relevant to the service being provided. Careful consideration needed to be given to the content of monitoring documents and improvement plans in order for them to be effective in supporting the improvement of the service. **See recommendation 2.**

Some of the policies and procedures that underpinned the work of the service had not been updated to reflect changes in best practice guidance or changes that had taken place within the service. For example, we found that the constitution had not been updated as required at the last inspection.

Other documents had been adapted to reflect a change of service name, which had not been submitted for approval by the Care Inspectorate. This could have caused confusion for parents and members of the public and we asked the provider to ensure all paperwork was consistent with the details shown on the registration certificate for the service. **See requirement 1 and recommendation 1.**

At the last inspection we were concerned that the management committee did not fully understand their role as provider of the service. While the committee had engaged with the Care Inspectorate in the period between inspections, we remained concerned that no formal plans were in place to oversee the improvements required in the service. We advised this must be addressed as a matter of priority to ensure improvements are implemented. **See requirement 2.**

## Requirements

### Number of requirements: 2

1. By 27 September 2021, the provider must evidence that the committee status is in line with the constitution, ensuring all committee members are notified to the Care Inspectorate in order for fitness checks to be progressed.

This is in order to comply with:

Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

Regulation 4 (1) (a) and Regulation 6 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. By 27 September 2021, a detailed action plan should be submitted which demonstrates; how the committee will increase their awareness of their role and responsibilities and how the committee will progress the improvements identified.

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Regulation 4 (1) (a) and Regulation 6 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)



## Recommendations

### Number of recommendations: 2

1. Policies and procedures for the service should be reviewed and updated so they reflect current best practice and can be effectively used to guide staff in their work. As a priority, but not exclusively, these should include child protection, health and safety, lone working and infection control.

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

2. The provider and manager should identify systems that can be used to effectively monitor the work of the service. The priority areas for development should be outlined within an improvement plan so progress can be monitored.

This is to ensure I have confidence in the organisation providing my care and support, consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

**Grade:** 2 - weak

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

## Previous requirements

### Requirement 1

In order to ensure that children are cared for safely the provider must submit evidence that - all staff and volunteers working in the care service have been appropriately and safely recruited. This must include an up to date PVG and or a scheme update check for all staff.

To be completed by: 10 January 2020.

This is to ensure care and support is consistent with Health and Social Care Standard 4.24: I am confident that people who support and care for me have been appropriately and safely recruited.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 20 November 2019.**

## Action taken on previous requirement

Although no recruitment had taken place since the last inspection, we sampled the documentation that would be used for future recruitment. We were satisfied that this would ensure any future staff are recruited safely.

**Met - within timescales**

## Requirement 2

The provider and manager must ensure all staff employed are fit to be employed. As detailed in the safer recruitment guidance, you may wish to consider alternative arrangements to staffing until all fitness checks have been satisfactorily received, the use of agency staff and completion of a risk assessment as detailed on page 39 of the guidance. The recruitment policy should be reviewed in line with this guidance and all future recruitment should be in line with this.

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 9 Fitness of employees and 15 Staffing.

Timescale for compliance: Friday 17 April 2020.

**This requirement was made on 20 March 2020.**

## Action taken on previous requirement

Although no recruitment had taken place since the last inspection, we sampled the documentation that would be used for future recruitment. We were satisfied that this would ensure any future staff are recruited safely.

**Met - within timescales**

## Requirement 3

The provider must implement a system to provide support to the manager and staff, which demonstrates the manager and staff have the necessary skills and knowledge to undertake their role. Training needs of the manager and staff should be considered as part of this process with identified training needs such as Child Protection addressed.

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 7 Fitness of managers and 15 Staffing.

Timescale for compliance: Friday 17 April 2020.

**This requirement was made on 20 March 2020.**

## Action taken on previous requirement

Staff training had taken place before the service reopened following temporary closure due to the Covid-19 pandemic. We agreed that this had included the most relevant training for this time including Covid-19 and infection control.

**Met - outwith timescales**

**Requirement 4**

The provider must evidence that the committee status is in line with the constitution, ensuring all committee members are notified to the Care Inspectorate in order for fitness checks to be progressed.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210 regulations 6 Fitness of providers and 4 (a) welfare of users.

Timescale for compliance: Friday 17 April 2020.

**This requirement was made on 20 March 2020.**

**Action taken on previous requirement**

The constitution had not been updated and contained inaccurate and out of date information. This requirement is repeated within this report.

**Not met**

**Requirement 5**

A detailed action plan should be submitted which demonstrates; how the committee will increase their awareness of their role and responsibilities and how the committee will progress the improvements identified.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210 regulations 6 Fitness of providers and 4 (1) (a) welfare of users.

Timescale for compliance: Friday 17 April 2020.

**This requirement was made on 20 March 2020.**

**Action taken on previous requirement**

No action plan had been drawn up and there was no evidence that the committee had plans in place to develop their understanding of their role or how improvements would be progressed. This requirement is repeated within this report.

**Not met**

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

### Previous recommendations

#### Recommendation 1

We recommend that information within Personal (care) plans must be sufficiently detailed so it is clear about the support in place for individual children.

- \*The individual needs that children require support with.
- \*This should include techniques and strategies that will be used to help children reach their potential.
- \*Information about links with other agencies.
- \*Parent/carer and where appropriate children's input should be evident.
- \*Each plan should be reviewed at least once every six months with parents and where appropriate children. The plans should be signed and dated.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'my personal 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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

**This recommendation was made on 20 March 2020.**

#### Action taken on previous recommendation

While all children had personal plans in place, we found that these did not contain all the information required or any strategies that would be used to support children. Therefore, this recommendation is repeated within this report.

#### Recommendation 2

We recommend that staff develop the range of activities children have access to, including the opportunity to play outdoors every day.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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)

**This recommendation was made on 20 March 2020.**

#### Action taken on previous recommendation

Children now had access to outdoor play every day, which was a result of moving to new premises with improved access to outdoor space. Therefore, this recommendation has been met.

**Recommendation 3**

We recommend that the manager further develop the induction procedure so it is an effective tool to assess staff practice and competencies. This will help identify areas for professional development.

This is to ensure I have confidence in the people who support me, consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

**This recommendation was made on 20 March 2020.**

**Action taken on previous recommendation**

As new staff had not been recruited we were unable to fully assess whether a new induction procedure was being used to assess practice and competencies for new employees. However, staff induction was not covered in the documents provided to us and we have repeated this recommendation within this report.

**Recommendation 4**

We recommend that a training plan be developed which supports the continued professional development of staff. Staff should evaluate any training or research they undertake to show how it has helped their practice and improved outcomes for children.

This is to ensure I have confidence in the people who support me, consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

**This recommendation was made on 20 March 2020.**

**Action taken on previous recommendation**

We reviewed staff training records detailing the training undertaken by staff before the service reopened. However, these records did not contain any evaluation by staff and did not detail the impact any training would have. Therefore, we have repeated this recommendation within this report.

**Recommendation 5**

We recommend that the policies and procedures for the service be reviewed and updated so they reflect current best practice and can be effectively used to guide staff in their work. As a priority, but not exclusively, these should include child protection, safe recruitment, health and safety, lone working and infection control.

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

This recommendation was made on 20 March 2020.

## Action taken on previous recommendation

While some policies, such as safer recruitment, had been updated, many others contained out of date or inaccurate information. Therefore, we have repeated this recommendation within this report.

## Recommendation 6

The provider and manager should identify systems that can be used to effectively monitor the work of the service. The priority areas for development should be outlined within an improvement plan so progress can be monitored,

This is to ensure I have confidence in the organisation providing my care and support, consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

This recommendation was made on 20 March 2020.

## Action taken on previous recommendation

The improvement and development paperwork we sampled was limited and did not always reflect the operations of the service. Therefore, we have repeated this recommendation within this report.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
17 Feb 2020	Unannounced	Care and support
		3 - Adequate
		Environment
		3 - Adequate
		Staffing
		2 - Weak
		Management and leadership
		2 - Weak

Date	Type	Gradings	
31 May 2017	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
26 Feb 2016	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
11 Mar 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
29 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
31 May 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
20 May 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
16 Jun 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	2 - Weak
		Management and leadership	2 - Weak

Date	Type	Gradings



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