

## Carnwadric After School Day Care of Children

c/o St Vincent's Primary  
40 Crebar Street  
Carnwadric  
Glasgow  
G46 8EQ

Telephone: 07834 451 535

**Type of inspection:**  
Unannounced

**Completed on:**  
29 July 2021

**Service provided by:**  
The Management Committee of  
Carnwadric After School Service

**Service provider number:**  
SP2003001386

**Service no:**  
CS2003006203

## About the service

Carnwadric After School has been registered with the Care Inspectorate since April 2011 and is provided by a voluntary management committee. The service is registered to provide a care service to a maximum of 80 children attending primary school to those children up to the age of 14 years only. Within these numbers a maximum of five children aged four years six months who will be starting primary school in August may attend during the summer holiday period. The service is located within St. Vincent's Primary School in the Carnwadric area of Glasgow. The accommodation includes a main dining hall, gym hall, playground, football pitches and a garden area. The aims of Carnwadric After School include: "To provide a safe, stimulating and secure environment where the children can participate in a range of child-led activities and most of all have fun."

We started an on-site inspection of the service with an unannounced visit on Wednesday 14 July 2021. We continued the inspection virtually using a combination of Teams technology and telephone discussions. We concluded the inspection by giving feedback on Thursday 29 July 2021 via Teams technology.

This was a focussed inspection to evaluate how well children were being 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. The inspection was carried out by an inspector from the Care Inspectorate.

Our methodology for the inspection included:

- Observations of children's routines and staff interactions with children
- Observations of infection prevention and control practice
- Telephone discussions and email exchanges with the manager
- Emails from two parents
- Virtual and telephone discussions with six members of staff
- Reviewing key records, policies, and written procedures relative to Covid-19.

## What people told us

We observed children generally engaged in play and having fun with their friends in the outdoor playground area. We chatted to five of the children about how they spent their time at the club.

Reasons for enjoying the service included:

"I am happy here because we get to play with our friends." (age 8)

"I just started here and I like it because I have some friends." (age 8)

"We can get to choose what we want to do." (age 9)

"The staff help you to do things. I like Amy because she is so much fun." (age 7)

"We like it the best when we get to go to the park." (age 8)

Two parents contacted the Care Inspectorate by email to provide their different views on how the service had delivered care and support to their children during the pandemic. One parent was happy with the support given to their child. The other parent told us that nursery staff had not communicated professionally with them during the Covid-19 pandemic or provided clear explanations to a query about Covid-19 safety protocols within the service. This had contributed to the parent not being clear about the Covid-19 outbreak management and risk assessment procedures being followed by the service.

Their comments included:

"I feel during the pandemic that the afterschool have coped great, my daughter started with the afterschool in the middle of the pandemic, I feel the staff have provided a fun stimulating care for my daughter during this time. As a parent the staff supported my daughter's settling in and made it a smooth transition for her. The afterschool kept me up to date with regulations regarding bubbles. My daughter is always commenting on how regular they wash hands which of course is a great thing to hear during these times. I am updated regularly via email on what is happening in the afterschool, the staff overall have been very supportive and welcoming towards my daughter and have made me feel at ease leaving her in their care."

"Whilst I was provided with all the relevant information (about procedures to follow in the event of a positive Covid case within the service), when we were all informed, I questioned as to whether or not the staff that had been in with the child had to isolate. I was met with a reply which I can only deem as abrupt. I don't know the exact protocols for this kind of thing but I still don't fully understand why those staff wouldn't be (isolating) regardless if they have taken social distancing measures."

### 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?	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

### Quality indicator 5.1: Children's health and wellbeing are supported and safeguarded during Covid-19.

We found the service to be operating to an adequate level in relation to this indicator. This grading applies to performance that demonstrates some strengths but these just outweigh weaknesses. Strengths did still have a positive impact but the likelihood of achieving positive experiences and outcomes for children was reduced significantly because key areas of performance need to improve.

We observed that children were happy attending the service and had a good rapport with staff which enabled a relaxed, social environment. With support from staff, discussions around bubbles, changed routines and gentle reminders children had settled back into the service after periods of time away due to the pandemic. We found children had adjusted well to new routines and understood the reasons for the implementation of Scottish Government guidance. The staff followed an induction routine to ensure children new to the service were given time to settle into the club.

Staff were very aware of the need to support children's health and wellbeing on their return to the service. They had discussed with the children their worries, anxieties and emotions around Covid-19. Gathering this information and getting to know the children in the smaller school bubbles helped staff support children as individuals.

Every child had a personal plan in place which contained relevant background information for the children. The information contained within these was inconsistent and, for some, had not been updated in line with legislative requirements. Staff told us that the team had not been meeting regularly to share reflections on planning for children's play or share information to support continuity of children's care. We found that action plans to help children meet SHANARRI wellbeing indicators had not been consistently been completed. This meant that staff did not necessarily have current information to enable them to support children's play according to their needs, wishes and choices. We identified a need to ensure that the children and parents regularly reviewed personal plans and set out how each child freely accessed a wide range of experiences and resources suitable for their age and stage, which stimulated their curiosity, learning and creativity (see Area for Improvement 1).

Staff understood their roles in safeguarding children and told us they regularly participated in child protection training. We highlighted a need to ensure that this training was updated to take account of current Scottish Government guidance. This guidance covers how the vulnerability of some children may have increased because of the additional pressures placed on families and communities by the Covid-19 pandemic. We highlighted and staff agreed, there was need to ensure that information sharing within the team about the collection of children from the service by parents, carers and named individuals was improved. This will promote parents' confidence in safeguarding arrangements within the service and help to ensure that parents' wishes are taken account of and respected (see Area for Improvement 2).

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

During our inspection we observed areas of positive practice, but we also identified significant areas requiring immediate improvement. These weaknesses had potential to increase the risk of transmission of infection and lead to poor outcomes for children. We evaluated the service to be performing at a weak level.

Information had been shared with parents on the reopening of the service, informing families of guidance and the changes to routines within the service. The service made clear to parents the expectations should a child be unwell, to keep all children and staff safe.

We found the staff team had put in place checks and audits of the environment. This ensured play equipment and resources were cleaned and stored appropriately. We found staff and children's toilets and handwashing facilities to be clean and well stocked on soap and handtowels to support infection control. Increased frequency of cleaning was built into the service's cleaning schedules for areas where there may be higher environmental contamination rates for example, regularly touched surfaces. All staff had undertaken Covid-19 infection control and hand hygiene training and we observed them display some of this training and guidance within their practice.

The layout of play spaces provided opportunities for groups and bubbles to be managed in line with Scottish Government guidance related to Covid-19. For example, staff told us that children played outdoors as much as possible. Evidence suggests that outdoor environments can limit the risk of transmission of coronavirus, as well as more easily allowing for appropriate physical distancing between people.

We found that the service had not followed Care Inspectorate guidance on notification reporting relating to confirmed cases or outbreaks of Covid-19. The prime purpose of the notifications system is to support Public Health Scotland gather information about the spread of the disease and direct activity in NHS Scotland to tackle it. The information is used by health services to co-ordinate their approach to implementing local control measures that prevent further spread or recurrence of the infection (see Requirement 1).

We identified a need for the leadership and management capacity of the staff team to be improved to ensure effective monitoring and implementation of national Covid-19 guidance. This should ensure that staff follow consistent approaches across the setting and take all necessary precautions to prevent the spread of infection. Staff told us that information shared by the manager had led at times to confused understandings within the team about physical distancing measures that needed to be followed to keep everybody safe.

Staff told us that they had not consistently followed or adhered to guidance on risk mitigations to be taken at social times such as breaks or lunches. We discussed with staff the importance of physical distancing between adults as it is one of the most important measures they can take to reduce the risk of transmission and should apply at all times. We informed staff that where there was not sufficient space to support distancing, they should take measures to limit the number of adults in any one space at any one time for example, by staggering staff lunchbreaks. These measures can help the staff team to reduce the risks to health for themselves, children and families (see Requirement 2).

### **5.3 Staffing arrangements are responsive to the changing needs of children during Covid-19**

We found the service to be operating to a weak level in relation to this indicator. This grading applies to performance that demonstrated strengths that were outweighed by significant weaknesses. Weak performance requires action by the provider that demonstrates clearly that sustainable improvements have been made.

As there was currently a smaller number of children attending the service and nearly the full complement of staff, this allowed attention to be paid to the additional demands that had arisen in response to Covid-19. Staff ratios enabled continuity of care for the children.

Staff told us they felt supported by each other as it had been an anxious time returning to work after lockdown. Staff we spoke with said they took responsibility for accessing guidance and updates about Covid-19, not just relying on information shared by the manager. Staff were clear about when they should not be coming to work (self-isolating) and understood the symptoms of Covid-19. They were clear about how to access a Covid-19 test.

We highlighted the potential benefit of staff engaging in professional learning events with staff drawn from across the sector to discuss shared learning about wellbeing and practice issues related to the pandemic. We highlighted new online and virtual mental health support services such as 'Time for You' that had been developed with the support of the Scottish Association for Mental Health to provide free mental health and well-being support. This resource is available at <https://www.samh.org.uk/about-us/our-work/time-for-you>. This complements the support already offered through the National Wellbeing Hub at <https://wellbeinghub.scot>

We found that a member of staff had not complied with the Codes of Practice for Social Service Workers and Employers that set out the behaviours and values expected of social service workers. We found that they had continued to work for a period without informing their employer that their fitness to practice had been impaired by a lapse in their Scottish Social Services Council (SSSC) registration. The SSSC protect the public by registering social workers, social care and early years workers, setting standards for their practice, conduct, training and education and by supporting their professional development. We discussed with the provider systems for supporting staff to meet the SSSC conditions for registration and the requirement for continuing professional development (see Requirement 3).

Staff told us that there was lack of assertive leadership and management and this had contributed to poor working relationships that impacted on effective team working. Staff told us that since the previous inspection, no meaningful changes in leadership approaches had been implemented that increased their confidence in how they were being led. We had previously highlighted the potential value of assertiveness skills training for the manager in supporting them to develop a zero tolerance of any disrespectful communication and bullying within staff relationships. We identified an ongoing need for the team to be developed and led in a manner that supported staff to work cooperatively with colleagues and treat them with respect. Staff agreed that developing a respectful team culture would support them to listen to and consider feedback from one another. This would help staff to reflect on their practice and make improvements where needed. This had the potential to develop the team's capacity to meet relevant standards of practice and work in a lawful, safe and effective way (see Requirement 4).

## Requirements

1. The provider must by 30 November 2021 ensure that effective systems are in place to identify and meet children's health, safety and developmental needs.

In order to achieve this the provider must:

- a) follow Care Inspectorate guidance on notification reporting including immediate reporting of all and any suspected or confirmed cases or outbreaks of coronavirus Covid-19.
- b) use the Care Inspectorate notification system to report and provide updates on all misconduct of behaviour that warrants investigation, dismissal or other disciplinary action including all current Scottish Social Services Council investigations into the conduct of staff.

c) submit and monitor action plans setting out steps being taken to the Care Inspectorate in relation to all requirements and areas of improvement arising inspection activities.

This is in order to comply with Regulation 4 (1) (a) and 15 (b) (i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Care Inspectorate (2015). Records that all registered care services (except childminding) must keep and guidance on notification reporting. Scottish Social Services Council (2016). Codes of Practice for Social Service Workers and Employers.

2. The provider must by 31 October 2021 develop quality assurance systems for internal monitoring and observations of staff practice in relation to ensure this reflects Scottish Government Coronavirus (COVID-19): guidance for school age childcare services. These systems must identify all necessary improvement actions taken for example, through team discussions, reflective accounts or supervision, improvement action plans.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for a Care Service) Regulations, Scottish Statutory Instruments 2011, 210 Regulation 4 Welfare of Users - (1) a provider must (a) make proper provisions for the health, welfare and safety of service users; the Coronavirus Act 2020 whereby providers must have regard to any advice relating to coronavirus from the Chief Medical Officer for Scotland.

3. The provider must by 30 September 2021 ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or who are newly recruited and are capable of achieving such registration within six months of commencing in post, may carry out work in the service in a post for which such registration is required.

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(2)(c) which refers to the provisions of Regulations 6(2)(a) and 7(2)(d) whereby any person, who in order to perform the duties for which the person is employed in the care service, is required by any enactment to be registered with any person or body and is not so registered.

4. To ensure that children experience care from a service that is well led and managed the provider must by 31 December 2021 take all necessary actions to ensure effective leadership, accountability, and communication between all grades of staff with regular assessment of staff performance.

Where areas for improvement have been identified within the providers auditing system, there must be sufficient information to show that actions taken (including planned professional development opportunities) have increased the capacity of the team to engage in respectful communication and effective team working.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states; "I use a service and organisation that are well led and managed." (HSCS 4.23)

## Areas for improvement

1. The staff to develop a personal planning approach that supports children to freely access a wide range of experiences and resources suitable for their age and stage. These plans should be regularly reviewed at least every six months by children and parents. They should reflect children's choices, wishes or goals for taking forward their play.

This is to ensure that the care and support is consistent with the Health and Social Care Standards My support, my life:

1.15 "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."

2.17 "My care and support meets my needs and is right for me."

2.17 "I am fully involved in developing and reviewing my personal plan, which is always available to me."

2.27 "As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity."

4.16 "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."

4.27 "I experience high quality care and support because people have the necessary information and resources."

2. The provider to ensure effective communication systems are in place for staff for sharing information about the collection of children from the service by parents, carers and named individuals. This will promote parents' confidence in safeguarding arrangements within the service and help to ensure that parents' wishes are taken account of and respected.

This is to ensure that the care and support is consistent with the Health and Social Care Standards My support, my life:

3.20 "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities."

4.14 "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event."

4.17 "If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity."



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

### Requirements

#### Requirement 1

The provider must ensure that in meeting this requirement, children using the service can be confident that staff have undergone pre-employment checks designed to safeguard and promote the welfare of children using the service. They will know that all necessary background checks and references of staff and provider that permit them to undertake regulated work with children have been completed prior to commencing work in the service. By 28 February 2018, the service provider must ensure that robust recruitment procedures are in place to assess a person's fitness to work in the service in line with Care Inspectorate good practice guidance 'Safer Recruitment Through Better Recruitment' (2016).

This is to comply with SSI: 2011/210 Regulation 9 (1) Fitness of employees and Protection of Vulnerable Groups (Scotland) Act 2007, Part V of the Police Act 1997.

Timescale: Six weeks from receipt of this inspection report

**This requirement was made on 30 January 2020.**

#### Action taken on previous requirement

No new staff had been recruitment since the last inspection. The provider put in place risk assessments and established continuous supervisor and monitoring arrangements for three staff working in the service that had their registration suspended by the SSSC. The SSSC full registration rights of each staff member were subsequently confirmed following the outcome of a Police Scotland investigation. In order to increase the public confidence and protect the terms of the service's public liability assurance the service's monitoring was carried out by a qualified registered practitioner. We noted that one staff member had continued to be employed within the service whilst their registration with the SSC had relapsed.

This requirement has been refrained and continued (see Requirement 3 above).

**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

The provider should ensure that strategies for managing children's allergies and intolerances are in place, effectively monitored and understood and implemented by all staff.

This is to ensure care and support is consistent with Health and Social Care Standards 1.23 and 1.37 which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" and "My meals and snacks meet my cultural and dietary needs, beliefs and preferences."

**This area for improvement was made on 30 January 2020.**

#### Action taken since then

The manager had reviewed systems for managing allergies and intolerances and staff understood where to access relevant information when planning and preparing any food or snacks with children. This ensured parents views were respected and any potential risks to children had been minimised.

#### Previous area for improvement 2

Staff should have opportunities to continue to build team relationships, develop approaches to respectful workplace communication and review practices and procedures designed to keep them and other people safe from abusive or bullying behaviour at work. This should include shared reflection and discussion of their roles and responsibilities in relation to their SSSC registration Codes of Practice.

This is to ensure staffing is consistent with the Health and Social Care Standards 3.14 which state that: "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."

**This area for improvement was made on 30 January 2020.**

#### Action taken since then

No action taken.

This Area for Improvement has now been overtaken by Requirement 4 above.

#### Previous area for improvement 3

The provider should support the manager to undertake assertiveness skills training. This should focus on supporting the manager to feel empowered to effectively communicate to staff best solutions to any team working or day to day management issues.

This is to ensure staff communication is consistent with the Health and Social Care Standard 4.3 which states that: "I experience care and support where all people are respected and valued."

**This area for improvement was made on 30 January 2020.**

## Action taken since then

No action taken.

This Area for Improvement has now been overtaken by Requirement 4 above.

## Detailed evaluations

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	3 - Adequate
5.2 Infection prevention and control practices support a safe environment for children and staff	2 - Weak
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	2 - Weak

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