

# Flexible Childcare Services - Hillside Breakfast and Out of School Club Day Care of Children

Hillside Primary School  
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AB12 4LX

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 April 2022

**Service provided by:**  
Flexible Childcare Services Scotland  
SCIO

**Service provider number:**  
SP2019013370

**Service no:**  
CS2019376982

About the service

Flexible Childcare Services - Hillside Breakfast and Out of School Club provides a day care of children service and is accommodated within Hillside Primary School. The service is registered is to provide a day care of children service to a maximum of 48 school-aged children at any one time.

During operating times, the service will have exclusive use of the school dining hall. The service may also have use of the gym hall, library area, toilets, and outdoor play areas.

What people told us

Most children appeared happy and enjoyed playing with their friends. They told us they enjoyed playing in the hall and drawing. They were aware they could ask for toys and games to be brought out during the session. However, those children spoken with did not feel they were consulted enough on the day-to-day provision. This is discussed in the 'Quality of care and support' and the 'Quality of environment' themes within the report.

We were provided with comments from five parents. Overall, they were supportive of the after school club and told us their children enjoyed attending. They told us there had been very few changes to staff and that their children seemed to like them. They felt confident their child would tell them if they were unhappy. However, some parents did not feel very well informed about the service provision. Most parents contacted had not been asked for any comments or suggestions to improve the service. This is discussed in the 'Quality of management and leadership' theme within the report.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We considered their own improvement plans and quality assurance processes. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We made an evaluation of weak for this theme. Whilst we identified some strengths, these were compromised by significant weaknesses.

The children appeared happy to attend and were very well mannered, independent, and resilient individuals. They played well together within their own social groups and used their imagination and creativity to create their own games. When children were waiting for their friends to arrive, we observed other children inviting them to join their group play. This contributed to a friendly atmosphere and positive ethos.

Children were offered breakfast and snack in the afternoon. Menus were mainly nutritious. However, there were not enough opportunities for children to be included in menu planning, to be independent, or responsible. Children were able to choose if they wanted to have something to eat or drink, however it was difficult to ascertain who took part. Parents told us they were not always sure if their child had eaten anything, especially for breakfast. The service should consider how best to ensure snack and mealtimes provide children with opportunities to make independent choices and to socialise with friend.

Children's personal plans were not reflective of their individual characteristics, needs, and wishes. Information had not been recently reviewed by parents and children had not been asked for their thoughts, preferences, and interests. We were not able to access some plans during inspection. This meant that some children potentially did not receive the support and care needed. The manager advised they were in the process of redeveloping children's personal plans, ensuring parents, children, and staff were involved in the process **(see recommendation 1)**.

Safeguarding procedures were not robust to protect children from risk of harm or abuse. Staff were able to discuss some signs and symptoms which may cause concern, however they had not recognised or picked up on some significant changes of behaviours. Chronologies did not contain enough meaningful information, potentially putting children at risk, as information was not able to be shared effectively with other working professionals who could protect children or support their needs **(see requirement 1)**.

Children were at potential risk of staff administering incorrect medication. Some medication stored on the premises was not the medication detailed on the medical care plan. Information recorded on children's medical care plans did not correspond with information provided by health professionals. Information was not easy to follow in the event of an emergency and some medical care plans had not been recently reviewed with parents. The manager took immediate action to ensure children's information was correct and up-to-date **(see requirement 2)**.

Opportunities to develop children's independence, responsibility, and choice were limited. Although children could ask staff for toys and games, some children felt too shy to speak to staff. Immediate action was taken and children were asked about what they enjoyed and encouraged to make suggestions for new activities. Staff should ensure this is fully embedded into practice.

## Requirements

### Number of requirements: 2

1. By 16 May 2022, the provider must ensure the manager and staff have the skills, knowledge, and experience necessary to protect children from harm, appropriate for the role in which they are employed. To achieve this, the provider must ensure:

- a) The manager and staff are competent in and knowledgeable about national, local, and the service's own child protection procedures and 'Getting it Right for Every Child' (GIRFEC).
- b) The manager and staff are competent in completing chronologies and use these to ensure appropriate action is taken to support children and their families .

c) Effective procedures to assess the manager and staff competency of child protection and GIRFEC are implemented and used on an ongoing basis.

This is to comply with Regulation 4(1)(a) (Welfare of users), Regulation 7(2)(c) (Fitness of managers), and Regulation 9(2)(b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

The provider, manager, and staff may find the following documents useful to support them in meeting this requirement:

'National guidance for child protection in Scotland 2021'  
(<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/>)

'Practice guide to Chronologies'  
(<https://hub.careinspectorate.com/media/1581/practice-guide-to-chronologies-2017.pdf>)

2. By 20 April 2022, the provider must ensure systems to support the safe administration of medication are robust. This should include but not be limited to:

a) Accurate information recorded on the children's medical care plans.

b) Ensuring medication stored on the premises is prescribed for the child and is labelled with their name and date of birth.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

The provider, manager, and staff may find the following guidance useful to support them in meeting this requirement:

'Management of Medication in Daycare and Childminding Services'  
(<https://hub.careinspectorate.com>)

## Recommendations

### Number of recommendations: 1

1. To support children's health and wellbeing, the provider should ensure children's personal plans contain relevant and up-to-date information and that staff are aware of and use this to meet children's needs, wishes, and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

We evaluated this theme as adequate, where strengths only just outweighed weaknesses.

Children benefited from a clean and hygienic environment. Staff were seen working well together to complete essential cleaning tasks in a safe and effective way. This ensured that potential risks of transmission were minimised and children felt safe. Children understood the importance of personal hygiene, such as handwashing. However, when children arrived from school it was difficult to ensure all the children washed their hands. Children and staff did not wash their hands when arriving in the morning. Procedures should be reviewed and tightened up to promote good handwashing to help prevent illness.

Children were kept safe in a bright, welcoming, and well-maintained environment. A door alarm had recently been fitted to the rear of the building to ensure staff were aware of any children leaving the building unsupervised. All areas had been risk-assessed, however these had not been updated to reflect recent changes, such as fitting the door alarms. The manager should ensure risk assessments are reviewed to reflect updated and current information.

The children had use of the dining hall, sports hall, and outdoor area. Some children enjoyed a variety of ball games in the sports hall and they told us sometimes gymnastic mats were available for quieter physical play. There were some resources available on tables in the dining hall and children could ask staff for other play items. However, toys and games looked sparse and not very inviting. Parents told us some of the older children found the games and resources boring and not suited to their age, stage, and development. There were not enough art and craft resources or activities to stimulate children's creativity or imagination. There were no cosy and comfortable areas for socialising and relaxing with friends. During feedback, the manager advised new resources, such as arts and craft materials, had been purchased (**see recommendation 1**).

Children were not able to access regular outdoor play opportunities. Parents and children told us there were few opportunities for outdoor play in the winter. Although this increased during the summer months. The service should ensure children have regular access to outdoor play activities (**see recommendation 2**).

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 2

1. To ensure children have fun, the provider should ensure children are able to participate in a range of recreational, social, creative, and physical learning activities, both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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. To support children's health, wellbeing, and fitness, the provider should ensure children have regular opportunities for outdoor play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child, I play outdoors every day and regularly explore a natural environment" (HSCS 1.32).

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

We evaluated this theme as adequate, where strengths only just outweighed weaknesses.

Staff were safely recruited to protect children and keep them safe from harm and abuse. Some more recently recruited staff described an improvement in the induction process and felt this would be beneficial for other staff joining the organisation. This should be continued and fully embedded into practice.

Parents told us the staff team were mainly consistent and were friendly and approachable. Most children appeared to have a positive relationship with staff and clearly enjoyed playing ball games with staff. Staff were intuitive and knew when to interact and when to leave children to their own play. However, at times, some children would have benefited from friendly chat and opportunities to play quiet games. At times, some staff were too controlling of children's behaviour and children would have benefited from a more relaxed approach, helping children to develop their responsibility and independence.

The senior practitioner supported the day-to-day running of the service. Staff were familiar with their roles and responsibilities and worked well together. However, to support the manager in their role, it would be beneficial if staff were given responsibility relevant to their strengths and interests.

Staff spoke positively about the children and were able to discuss some of their needs. However, they were not aware of everyone who required support or the help and strategies needed to meet their individual needs. Staff had not always picked up on concerns. This resulted in children not being provided with the support they needed (see requirement 1 in 'Quality of Care and Support').

Staff's professional development was promoted within the service. We found that, although staff engaged in some online courses, it was not always clear what impact this had on their practice or children's outcomes. Deeper evaluations of professional development would enable staff to effectively reflect on how their learning has supported improvement and the needs of the children. This would provide focused development opportunities and support the manager to continually raise standards.

To develop their knowledge and skills, staff should access and become familiar with guidance, such as 'A quality framework for daycare of children, childminding and school-aged childcare'. This will support them with self evaluation and improvement to the service.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We made an evaluation of weak for this theme. Whilst we identified some strengths, these were compromised by significant weaknesses.

The management arrangements for the service were not supportive of the needs of the club. The current manager had responsibility for another service and this impacted on the service delivery and on the outcomes for children. The area manager advised the provider was recruiting for the role. We discussed ensuring interim measures are taken by the provider to ensure the service is well-led and supported. This included a risk assessment and action plan of how this would be achieved (**see requirement 1**).

The manager of the service was helpful, approachable, and very friendly. They had developed positive relationships with the staff, families, and children in their care. They had also developed a positive relationship with the head teacher of the school and felt more informed on events, such as school closures. However, parents contacted told us they had not been asked to provide any feedback or suggestions for improvement. Some parents felt their main communication was via their child and were happy with this if their child was older. The service should consider ways to ensure all parents are well-informed and fully consulted on changes to the service.

Quality assurances of the service was not evident. Audits of medication were not in place to support the safe administration of medication and staff supervision and monitoring was not in place to support staff development. This meant children's needs were not always met and some children were at risk of harm. We discussed developing a quality assurance calendar to help support the current manager and the new manager when recruited (**see recommendation 1**).

Self evaluation had not been undertaken and an improvement plan was not in place. The manager took immediate action to develop an improvement plan based on the concerns and issues raised from this inspection. This should now be further developed and assessed as the service moves forward.

## Requirements

Number of requirements: 1

1. By 20 April 2022, the provider must ensure that the service is well-led by a named manager who has the time and capacity to drive improvement of the service.

This is to comply with Regulation 7(2)(c) (Fitness of managers) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

The Scottish Social Services Council's (SSSC) 'Step into Leadership' resources should be accessed to support this (<https://www.stepintoleadership.info/>).

## Recommendations

**Number of recommendations: 1**

1. To support improvement to the service and ensure good outcomes for children, the manager should ensure quality assurance systems are fully embedded into practice. This should include, but not be limited to:

a) Audits of medication.

b) Monitoring of staff practice to ensure staff skills and knowledge is improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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

There are no outstanding requirements.

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

## Previous recommendations

There are no outstanding recommendations.



## 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

This service does not have any prior inspection history or grades.

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