

Stonehaven After School Club Day Care of Children

Stonehaven Community Education Centre
Bath Street
Stonehaven
AB39 2DH

Telephone: 07710 515 640

Type of inspection:
Unannounced

Completed on:
23 March 2022

Service provided by:
Stonehaven After School Club

Service provider number:
SP2006008357

Service no:
CS2006123466

About the service

This service is provided by Stonehaven After School Club. It has been registered to provide a day care of children service to a maximum of 60 school age children. The service operates from the Community Education Centre where they have exclusive use of the outdoor hall and toilets, red and blue rooms in the main building and the enclosed outdoor play area. The service operates an after school club and a breakfast club.

This was an unannounced inspection which took place 17 March 2022 between 14:30 and 18:00. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- undertook a focused site visit to the service to observe practice and speak to staff
- used telephone calls, Teams and emails to engage with parents, the manager, staff and the provider
- assessed relevant documents including personal plans, improvement plans, staff records, policies and risk assessments.

What people told us

Children present during the inspection were settled and confident. They engaged in the activities offered and some told us they liked going to the club. Children told us they liked the staff and that they were fun.

We asked the manager to circulate an email to all parents and carers asking for their feedback. We received nine responses to the email. Parents said they were very happy with the care provided for their child. Parents felt that staff knew their children well and were supportive of their children's wellbeing needs.

Parents also shared that communication from the club was good and that they felt well informed through emails, letters, day to day chats and social media posts.

Self assessment

The service was not asked to complete a self assessment prior to the inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

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

Children were relaxed and having fun throughout our visit. They confidently approached staff which demonstrated they felt safe and secure. One child told us 'the club is good fun, we do lots of fun things at club.' Some improvements had been made to supporting play to be more child led. For example children were encouraged to choose activities for the following week and helped to write up a shopping list for messy play activities for staff to buy. However, there were missed opportunities for interests and needs to be taken forward to support children's most current interests. For example, a child wished to do some experiments and was told they could not do that on that day. There was also missed opportunities for children to be given more challenge to extend their learning through play. The manager and staff should promote and extend child led play experiences and children's interests and provide more challenging activities to promote children's problem solving, curiosity and creativity. **(See recommendation 1.)**

Children's personal plans were completed to show relevant information required to support children's needs. For children requiring additional support, care plans identified children's individual needs, triggers and strategies in place to support them. However, not all forms were completed fully, signed or reviewed where required. Any recorded information should be reviewed every six months or sooner, whenever a change has been identified to reflect children's most current needs. Parents were asked to review children's plans regularly, however, some parents shared that they were not always fully involved in children's plans. **(See recommendation 2.)**

Most staff had attended child protection training and the manager had attended enhanced training to support children to be safe. Staff had a good knowledge of what may be a child protection concern. Not all staff were aware of where concerns should be recorded and as a result chronologies did not always contain significant information. The manager and staff should make themselves familiar with chronology guidance and review all chronologies in place. We suggested a flow chart should be put in place to support staff with the child protection process. The child protection policy should also be reviewed to reflect most current guidance. **(See recommendation 3.)**

Medication consent forms were completed in full by parents and included the dosage and the start date of medication. Medication was stored safely and labelled with the child's name and photo. Each child had a storage of medication form contained in their individual container, however, to fully support children's health and wellbeing this form should contain signs and symptoms any identified triggers and actions to take, should the medication be required. Not all medication forms were signed where required or reviewed every three months in line with best practice to ensure all information is current. The manager had reviewed medication consent forms with parents since our visit, however, all medication forms should be audited and reviewed where appropriate. **(See recommendation 4.)**

Children were involved in choosing healthy snack options. Allergies were taken into account when menu planning. Children sat together and chatted about their day at school. Children could have been more involved in preparing and serving snack and as a result there were missed opportunities for children to develop life skills and independence. We also suggested that the staff ensure children have access to water during snack to support them to stay hydrated.

There were missed opportunities for staff handwashing when moving between indoors and outdoors and a member of staff moved areas at snack time and didn't wash hands or change their apron when they

returned to the snack area. Children washed hands on arrival at the club which was mainly supervised, however, children did not always wash their hands when coming back indoors or before snack. Staff did not always wear their masks appropriately and did not always wear them in communal areas and when physical distancing could not be maintained. There were also missed opportunities for handwashing during first aid treatments. (See recommendation 5.)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 5

1. To support children to lead and extend their play through a wide range of quality experiences, the provider should ensure that:

a) resources are reviewed and updated to offer more choice and challenge including using open ended and natural materials

b) the manager and staff should promote and extend child led play experiences and children's interests and provide more challenging activities to promote children's problem solving, thinking and investigation.

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

'As a child, I can direct my own play and activities in the way 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' (HSCS 2.27).

2. To ensure each child's needs are fully met, the provider should ensure that:

a) each child has a detailed personal plan in place that reflects their current needs and wishes and how they will be effectively supported

b) all staff have an appropriate understanding of each child's current needs and use this knowledge to fully meet their needs

c) personal plans are reviewed at least every six months with parents.

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

3. To safeguard children and keep them safe from harm or abuse, the provider should ensure that:

a) the child protection policy is reviewed and updated to ensure it is current and reflects best practice guidance

- b) the child protection protocol is specific to the club and includes clear procedures for staff to follow
- c) the manager and staff should make themselves familiar with chronology guidance and review all chronologies in place.

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

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

4. To ensure the health and wellbeing of all children, the provider should ensure that:

- a) medication consent forms are in place for every child who requires medication
- b) emergency plans and protocols are in place for every child who requires long-term emergency medication
- c) these plans and consent forms must be reviewed and updated with parents at least every three months
- d) the medication policy is updated to reflect these changes in practice and to ensure it is in line with current guidance.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

5. To maintain the health and wellbeing of children and staff, the provider should minimise the risk of spread of infection by ensuring that:

- a) staff and children wash hands at all appropriate times
- b) face masks are worn and changed appropriately and as required.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We evaluated the quality of environment as good, where strengths had a positive effect on the outcomes for children and these outweighed areas for improvement.

The club provided ample room for children to move around and take part in activities and experiences. Children could play indoors or outdoors which enabled them to make their own decisions of where to play.

The club was well ventilated and cleaning schedules were in place to support a hygienic environment. The environment was clean, however, a ripped sofa and chair posed an infection control risk. We suggested covers for these areas in the meantime to fully support a clean environment.

Resources were set out for children for their arrival in the club. Children spent a limited time playing with resources and most went outdoors. In the main hall arts and crafts and painting were well accessed and several children told us they enjoyed this area. We observed that some areas could benefit from developing the resources to provide a richer environment and to provide more depth to children's play and learning experiences.

We observed that there was now a designated quiet/cosy area for children to take part in quiet activities. However, the addition of more comfortable furnishing would make these areas more inviting for children to support them to participate in quieter activities such as reading. This would support them to follow their own interests, enabling them to be alone if they wished.

Children could choose between indoor and outdoor play throughout each session. The children accessed an enclosed area of the car park. Resources available outside included balls and ride on toys. There were some loose parts to promote creativity, problem solving and developing imaginations, however, these experiences were limited and as a result children became disengaged with activities very quickly and their behaviour became quite challenging for staff to support.

Accidents and incidents were recorded accurately and shared with parents. We were notified of accidents and incidents when required. Following on from a recent incident, steps had been taken to ensure children's safety. It would be beneficial to carry out a basic audit and review of all accidents and incidents to highlight trigger areas and how to minimise accident/incident in these areas. This would support the review and update of risk assessments.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

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

Children confidently approached staff when needed and told us 'the staff are fun.' Most staff interacted well with the children and most staff were warm and caring during interactions with the children. All staff including newly recruited staff had a good knowledge of the strategies and supports in place to meet the needs of all children. Parents felt that staff knew their children well. Staff sometimes seemed to lack confidence to deal with children who were displaying a bit more challenging behaviour. Clear monitoring from the manager would help identify staff who may require support with this.

Staff communicated with parents during drop off and pick up times where they shared any important information. Regular newsletters are shared with parents with updates, and online questionnaires gathered feedback. As a result all parents agreed that communication was good and appreciated the newsletters and handovers.

Newer staff were in the process of their inductions. Staff were given a mentor to support them in their role and they spoke highly of this support. We discussed how specific areas such as child protection should be a priority in their induction until training can be accessed. This will support staff to keep children safe. We suggested the induction checklist should be signed and dated which would provide a clear overview for management to support all newly recruited staff to have the appropriate training and skills required prior to completing tasks. We suggested that the National Induction Resource may support the provider and manager to strengthen the induction process.

Mandatory training was completed by all staff as required which included child protection, first aid and food hygiene. Staff had access to online training to support their professional development. Some staff had completed training to support children with an additional support need and as a result spoke about how this training has supported them to recognise triggers in children's behaviour and strategies support them. An overview of training staff had attended would support the manager to identify any training required. Staff should also evaluate the impact of the training on their practice which would support ongoing professional development, improvements within the service and improve outcomes for children.

Staff spoke confidently on how using a the best practice document 'Setting the table' had improved the snack options for children supporting them to make healthy choices. We suggested the use of other best practice documents including 'My World Outdoors' to further support the development of the club to provide a richer environment for the children and to further support child led play.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

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

The service was going through a transition period as a new manager and deputy manager had recently been recruited. The team were settling into their new roles and responsibilities. The parent committee were supportive and were keen to make improvements at the club. The manager had subscribed to our provider updates to support her to keep up to date with guidance and changes in practice.

A recent incident had been reported to us in line with guidance. We highlighted the notification reporting guidance to ensure all notifiable incidents were reported to support the manager to run a well-managed service.

The service did not have any formal quality assurance in place which would include tasks such as support and supervision, monitoring and reviewing of medication and personal plans etc. It would be beneficial for the manager to have a quality assurance calendar in place to support her with ongoing tasks to be completed.

An improvement plan focussed on relevant areas to develop, however, there was no indication of timescales and how improvements would be measured. As a result it was not clear if any improvements had been met. We discussed the need to share the improvement plan, to encourage staff, parents and children's input. This will support the provider, manager, staff and parents to move forward together to improve the outcomes and experiences for children attending the service. **(See recommendation 1.)**

Staff attended annual appraisals to give them the opportunity to discuss their wellbeing, training needs and any other future development requirements. We noted that for some staff actions to develop were not always identified or support has not been signposted. As a result not all staff felt that they could approach management confidently. Regular support and supervision from the manager would help to build strong working relationships and build staff confidence. It would be beneficial to keep up to date with appraisals and to continue with supervision and monitoring to support professional development, develop interactions with children, to reflect on and make improvements to the environment and resources.

Policies and procedures had not always been reviewed to clearly show up to date best practice and legislation to support good practice. For example, the club should review their medication policy to support them to follow good practice of reviewing medication every three months. The provider should audit and review all policies and procedures to support consistent and safe practice. **(See recommendation 2.)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order for children to experience high quality care, the provider should establish and maintain an evidence based system to audit, self-evaluate and assess the quality of the service. From this assessment, they should identify priorities for improvement and identify how these improvements will be achieved.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure safe and consistent practice within the service, the provider should review and update all policies and procedures to ensure they are current in relation to best practice guidance.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Grade: 3 - adequate

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

Recommendation 1

To promote the health and safety of children the manager and staff should ensure that they consistently and fully follow national guidance on infection prevention and control regarding hand washing.

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

This recommendation was made on 21 January 2021.

Action taken on previous recommendation

Children had been involved in creating their own handwashing posters which were now displayed in the bathrooms to show the correct methods for handwashing. Children were encouraged to wash their hands on arrival at the club and before snack. However, there were missed opportunities for staff handwashing and consistent practice was not observed to be taking place to protect children during our inspection.

This recommendation has not been met.

Recommendation 2

To ensure children receive high quality care, support and early learning experiences the provider, manager and staff should ensure:

- Staff improve their knowledge and understanding of children's play and best practice documents that support this.
- Staff are effectively supported in implementing their learning to ensure improved outcomes for children.

This ensures that high quality care is consistent with the Health and Social Care Standards which state that; 'as a child I get the most out of life because the people and organisation who support me and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This recommendation was made on 3 February 2020.

Action taken on previous recommendation

Some improvements had been made to the activities and resources available to children including the introduction of messy play and more creative opportunities. However, we found that this was not embedded in practice and has therefore not yet fully been met. We have therefore added this to areas for improvement throughout the report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
16 Mar 2020	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
13 Dec 2019	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 2 - Weak 2 - Weak
19 Feb 2019	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 3 - Adequate
29 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
28 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
18 Aug 2010	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent 5 - Very good 5 - Very good 5 - Very good
3 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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