

KO-NEKT

Day Care of Children

4 Park Road
Ardrossan
KA22 8JR

Telephone: 01294 588 123

Type of inspection:
Unannounced

Completed on:
21 April 2022

Service provided by:
Ayrshire Childrens Services CIC

Service provider number:
SP2011011739

Service no:
CS2019376530

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate is committed to improving the health and wellbeing of all children receiving a care service. We want to ensure they have the best start in life, are ready to succeed and live longer, healthier lives.

We check services are meeting the principles of Getting it right for every child (also known as GIRFEC). Set up by Scottish Government, GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention. The approach helps services focus on what makes a positive difference for children and young people - and what they can do to improve. Getting it right for every child is being woven into all policy, practice, strategy and legislation that affect children, young people and their families. There are eight wellbeing indicators at the heart of Getting it right for every child. They are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. They are often referred to as the SHANARRI indicators. We use these indicators at inspection, to assess how services are making a positive difference for children.

KO-NEKT, was registered by Care Inspectorate on 11 October 2019.

Since registering with Care Inspectorate as a day care of children's service, the service have had temporary periods of closure inline with Scottish Government guidance during the Covid-19 pandemic. The service is provided by Ayrshire children's services and is registered to provide a day care of children's service to a maximum of 10 children aged from five to 18 years. The service aims to provide a service to children and young people with additional support needs and is located in the town of Ardrossan, North Ayrshire. The service is situated within easy access to a range of community resources including local shops, parks and public transport routes.

We wrote this report following an unannounced inspection, which took place on Wednesday 13 April 2022. Following that we used virtual technology to review documentation and to meet with the manager. Feedback was provided to the management team on Thursday 21 April 2022.

As part of this inspection, we took into consideration Key Question 5 - Operating an early learning and childcare setting (including out of school care and childminders) during Covid-19 with a specific focus on Quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff. We will report on the overall performance of this indicator in Theme 1 Quality of care and support.

What people told us

During this inspection process, we issued a digital survey to the manager and asked that this was shared with all parents of children and young people attending the service. We received 17 responses. All parents who completed the digital survey spoke positively about the experiences they had using the service. Comments made in response to our questions included; "The staff and service is helping my child with their social skills and they enjoy attending" and "The staff know my children very well and do all they can for them while they are in their care."

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

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

Children and young people were relaxed and happy within the service. They had developed positive friendships with peers and nurturing relationships with staff. We saw that children benefitted from a nurturing environment where they were supported to make friends and have fun.

On-going effective communication with parents helped to maintain positive relationships. Parents placed value in verbal communication, text messaging and of the online electronic recording system, Cors-Web in keeping them updated with their child's progress. One parent told us, "I'm happy with all aspects of communication for my children. A WhatsApp group has been set up so the communication is constant, and I can easily message or call anyone at the centre."

We were not satisfied that the service had appropriate infection control procedures in place to support a safe environment for children and staff in relation to Covid-19. We have reported on specific aspects of infection prevention and control arrangements within the quality of environment theme.

Lunchtime was a sociable experience for children and young people as staff sat with them and encouraged peer interaction. However, we found that children were not supported to enjoy healthy meals or to develop independence skills. The staff should make improvements to meal times to ensure children receive foods high in nutritional value (recommendation 1).

The service gathered some information from parents to support their child's wellbeing at the start of each care arrangement. However, important information obtained at this stage was not used to inform effective personal plans for individual children. To ensure that all children are fully supported, individual plans should be introduced that set out clearly how individual needs will be met. Management and staff should develop plans in partnership with parents and children and young people attending the service (requirement 1).

We audited medication that was being stored on the premises and found that systems in place did not provide sufficient detail for staff to safely manage children's health and medical needs. For example, parental permission to administer medication had not been sought. Medication procedures must be reviewed and updated in line with Care Inspectorate's guidance, "Management of medication in day care of children and childminding services" (requirement 2).

Requirements

Number of requirements: 2

1.
By 1 July 2022, the provider and the manager, with the support of staff, should ensure that all children attending the service have a personal plan. Plans should reflect children's needs, wishes and choices and show clearly how these will be met. A system should be put in place to review the plans every six months or sooner when required.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) Regulation 5.

2. By 13 May 2022, the provider and manager should make improvements to the medication processes within the service to ensure they comply with Care Inspectorate's guidance; "Management of Medication in Daycare of Children and Childminding Services". The provider and manager must ensure:

- (a) Parental permission is in place for all medication stored on the premises.
- (b) Medication is stored safely, and staff can quickly locate the medication, appropriate consent and dosage instructions.
- (c) Effective quality assurance processes are in place and monitored by management to ensure the safe management of medication.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) Regulation 4 (1)(a).

Recommendations

Number of recommendations: 1

1. To promote children and young people's understanding and enjoyment of healthy meals, the manager and staff should review and improve the mealtime experience. The manager should also develop a healthy eating policy and share this with all stakeholders.

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

Grade: 2 - weak

Quality of environment

Findings from the inspection

We made an evaluation of adequate for this quality theme. Some strengths were identified, however, they only just outweighed weaknesses.

The manager spoke of recent changes that had been made to the decoration and layout of the indoor and outdoor environments to promote children and young people's independence. We saw that children and young people confidently moved between the playroom, IT room, kitchen and outdoor play area making independent choices about areas they wanted to access and the materials they wanted to use.

Overall, the service was mostly clean and tidy. However, we found that the staff toilet did not flush effectively and did not have running hot water which had resulted in staff using the children's toilet. In addition, we found that ineffective handwashing routines and the porous materials that were stored within the toilet space presented an increased risk of infection spreading (recommendation 1). Prior to the completion of this inspection report, we received assurance from the manager that immediate action had been taken to resolve the maintenance concerns within the staff toilet. However, we have asked that the manager continues to monitor the infection prevention and control practice across the service.

We sampled accident and incident records and found that it was not clear which records were relevant when children were attending KO-NEKT. The manager should ensure that records are stored effectively and that audits are implemented which identify any common or reoccurring concerns and any actions taken. This will ensure a safe environment for children and young people.

We sampled risk assessments and found that these had been implemented for all individual children and young people attending the service and that premise risk assessments had been completed. However, we found that risk assessments had not been developed for areas of the community or for staff when working alone with children. For example when escorting children to the local café for lunch. Risk assessments should be extended to include all areas of the community accessed by children and young people and for staff when working alone with children either on a one-to-one basis or with a small group (see quality theme staffing requirement 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider and manager should take action to reduce the risk of infection spreading and ensure children experience a safe environment. In order to achieve this, they should;

- a) Ensure staff have access to a staff toilet which has a working flush and appropriate hot water at all times.
- b) Ensure staff and children's toilets are free from unnecessary storage items and porous materials.

- c) Support staff and children to understand and implement good handwashing practice.
- d) Review the use of bins throughout the service to ensure foot operated pedal bins are provided where necessary.

This is order to ensure the environment is consistent with Health and Social Care standards, which states that "My environment is safe and secure" (HSCS 5.17).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

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

Staff engaged well in professional dialogue during this inspection. They told us they felt valued, included in the team and supported by management. Staff were respectful in their interactions with each other, children, young people and parents, creating a welcoming ethos within the service.

During our inspection we identified that staff used their personal devices to communicate with parents and to take and share photographs of children and young people with their families. We discussed with the manager that to safeguard children and staff, all communication must be made using a secure device belonging to the service. The manager immediately implemented an appropriate policy and procedure to safeguard children and staff and we have asked that she continues to monitor staff compliance.

All staff had undertaken an online basic awareness of child protection course. However, to ensure staff are knowledgeable in the most current protection issues we have recommended that all staff undertake a level of child protection training relevant to their role (recommendation 1).

We highlighted significant concerns relating to staff deployment within the service as this had the potential to put children and young people at risk of harm. Staff were not effectively deployed to ensure the right mix of skills, knowledge and experience were available. For example, on the day of our inspection there were no qualified staff present within the service. This meant children were being cared for by staff with limited guidance or knowledge to fully meet their needs. In addition, we found that staff regularly worked alone with children and that not all staff had registered with Scottish Social Services Council. We require that staff deployment is reviewed and improved to ensure children's safety (Requirement 1).

We sampled staff recruitment files and found that these were not robust and had the potential to put children and young people at risk of harm. For example, we found occasions where staff were employed prior to pre-employment checks being returned, two members of staff had not received satisfactory Protection of Vulnerable Groups (PVG) checks prior to gaining employment and on one occasion the provider had provided references for a staff member. To support the safe recruitment of staff and keep children safe, we require the provider to review and update their recruitment procedure and ensure that all aspects of safer recruitment are fully implemented (requirement 2).

Requirements

Number of requirements: 2

1. By 13 May 2022, the provider must ensure staff deployment provides the right mix of experience and depth of knowledge to meet children's needs. To do this, the provider must, at a minimum ensure:

- a) The deployment of staff takes account of the staff qualification and skills and routines and activities of the day.
- b) All staff are registered, or in the process of registering with Scottish Social Services Council (SSSC).
- c) Implement a risk assessment for staff working alone with children.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) Regulation 15(a).

2. By 13 May 2022, the provider should review and update their recruitment procedure and ensure that all aspects of safer recruitment are fully implemented. This will ensure the safety of children and young people.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) Regulation 9(1).

Recommendations

Number of recommendations: 1

- 1.
In order to safeguard children, the manager and staff team should undertake child protection training relevant to their role.

This is to ensure the quality of staffing complies with the Health and Social Care Standards which states; "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

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

The manager was passionate and committed to the development of the service. She sourced records, documentation and answered questions required to support the evaluation of the service. Where we identified areas for improvement as the result of this inspection, the manager was proactive in implementing change. We received assurance prior to the completion of this report that some improvements had been introduced. For example, foot operated pedal bins had been purchased and maintenance of the staff toilet had been carried out.

Support and supervision systems had been recently introduced. This provided opportunities for staff to meet with their manager, discuss individual children and set personal learning targets to further assist them in their role. Staff placed value of this opportunity and told us this process supported them to feel valued within the team.

The manager has peripatetic management responsibility for KO-NEKT and one other care at home service. We found it was not consistently clear which documentation related to each service. We have recommended that the manager, supported by the provider, reviews, and updates their policy and procedure for peripatetic management arrangements to ensure it is clear to all staff, parents, children and young people what they can expect from the service (recommendation 1).

The manager had recently started to monitor staff practice and she spoke of plans to involve staff in self-evaluation and quality assurance processes. However, we found that this was at the very early stages and therefore, was not positively impacting on the quality of the service. We have signposted the manager to Care Inspectorate's guidance, "Self-evaluation for improvement - your guide" and we recommended that the use of a self-evaluation framework to support the development of more robust processes. In addition, we suggested that an improvement plan should be developed to ensure a shared vision for improvement which reflects the needs of all stakeholders. This approach would help the team to meaningfully reflect on the quality of service provision and strive to improve outcomes for children (recommendation 2).

Whilst we have not made any requirements within the quality theme management and leadership, we have made requirements and recommendations within this report which are directly impacted by the quality of leadership within the service. We have requested that an action plan outlining how the service plan to make improvements is submitted to Care Inspectorate on completion of this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1.

The provider and manager should review and update their policy and procedures for having a peripatetic management arrangement in place. This is to ensure that all stakeholders are clear on what to expect from the service. Peripatetic management arrangements should comply with Care Inspectorate's guidance; "Guidance on Peripatetic Management Arrangements" available at <https://hub.careinspectorate.com>.

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

2. The provider should develop robust self-evaluation and quality assurance processes that will help the service to reflect on practice, identify strengths and areas for further improvement. In order to achieve this this, the provider should;

- a) Develop an improvement plan for the service which clearly identifies areas of the service to improve and sets realistic time scales to achieve this.
- b) Develop a monitoring calendar which outlines areas of within the service which will be monitored and when this will be carried out.
- c) Extend monitoring arrangements to include all areas of staff practice and service delivery.
- d) Implement the use of a self-evaluation tool to support engagement with self-evaluation.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which states 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.

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.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.