

The Club Out of School Care & Community Hub Day Care of Children

Unit 4
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Type of inspection:
Unannounced

Completed on:
2 September 2022

Service provided by:
Mini Rainbows (Murrayfield) Limited

Service provider number:
SP2017012925

Service no:
CS2019376400

About the service

The Club Out of School Care & Community Hub provides a service to a maximum of 56 school aged children in Whitburn, West Lothian.

The service is close to local primary schools, shops, parks and other amenities. The children are cared for in the kitchen/diner and two playrooms with access to toilets.

About the inspection

This was an unannounced which took place on 31 August 2022 between 14:30 and 18:15. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 10 people using the service and two of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Management had formed meaningful relationships with parents and children.
- The service communicated well with parents.
- Policies needed to be reviewed to reflect practice.
- Opportunities for outdoor play needed to be improved.
- Children were aware of their rights and had regular opportunities to share their views.

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, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

1.1 Nurturing care and support

Children were happy, confident and settled in the environment. To contribute to children feeling safe and secure, they were familiar with the daily routines. For example, handwashing and where to store their belongings.

Children moved between rooms in the indoor environment with ease supporting their choices and wishes. They were relaxed and chatted with their peers supporting positive relationships. Interactions between children and staff were kind, nurturing and caring. Staff were responsive to children supporting them to feel valued and loved.

Each child had a personal plan which contained core information. For example, information on their families, emergency contacts and medical needs. Staff worked closely with external professionals to identify and support children's individual needs. The service was at the early stages of reviewing personal plans to make these easier to access and record information. We discussed with management recording the strategies used to help support children. The manager agreed to ensure these were included.

Snack time was a relaxed, unhurried and sociable experience. Children independently self-selected their own food and drinks, supporting their choices. Children chatted to their peers and staff joyfully. Snack options were of a healthy nature, contributing to a healthy balanced diet. In addition, to support children's overall health and wellbeing, children received a hot meal on shortened school days.

Medication storage was in line with best practice documents. Medication forms outlined permissions from parents and a record of administration. We discussed with the manager reviewing children's medical action plans to ensure these were consistent and relevant to children's individual needs. The manager agreed to review this.

1.3 Play and learning

Children enjoyed their play and were having fun. There were opportunities for children to lead their own play and participate in play supported by adults. This was well balanced and supported children to make decisions based on their interests.

Staff demonstrated a good understanding of best practice documents and how to use these to support children's learning and development. To support children's engagement, a variety of experiences for children were available. The manager told us they were continuing to reflect on the best practice documents to support staff knowledge and practice.

Toys and materials included some natural materials to stimulate children's natural curiosity. For example, shells, pebbles, and pegs. Further opportunities included 'real life' toys and materials to support their play. This included china cups and saucers to simulate tea.

Children were regularly consulted with to share their views. Opportunities for children to record their ideas included an area for children to easily access where they would record their thoughts and suggestions. Children told us these ideas were acted upon. For example, one child told us they recorded that they wanted to make robots and staff supported this. We discussed with management supporting children to reflect on this learning.

The service submitted their outdoor policy to the Care Inspectorate at the time of registration to indicate how they will support daily opportunities for outdoor play. However, children's opportunities for outdoor play were limited. Whilst we were aware there were new staff being recruited, the manager should ensure that children have access to outdoor physical play each day to support their development (see area for improvement 1).

Areas for improvement

1. To support children's wellbeing and development, the manager should ensure children have opportunities for daily outdoor play. This should include but not limited to, ensuring children are offered outdoor opportunities and planned experiences includes outdoor play.

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 play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

2.2 Children experience high quality facilities

The indoor environment was spacious, and a warm, welcoming atmosphere was felt. Spaces allowed for children to choose where to play and who with, supporting their choices and wishes as well as wellbeing. Furniture was of good quality and easily accessible to children, supporting their choices and wishes. Cosy areas were being developed in consultation with the children. These included soft tepee tents, cushions, rugs and mattresses. To contribute to children's emotional development, we discussed with management reviewing the purpose of the cosy area to maximise children's opportunities to relax.

The indoor environment was developed in consultation with the children and took account of children's stages of development. Children were encouraged and supported to move furniture safely around the room to support their play ideas. This contributed to children feeling valued and that they matter. To help children understand how to keep themselves safe, staff used supportive language during conversations and risky play.

Risk assessments were carried out to ensure the environment was safe for children to attend. To contribute to helping ensure equipment was in good repair and safe for children to use, a maintenance system was in place for reporting any broken or damaged equipment. A buzzer and camera entrance were in place to support children's safety and registers were completed to help ensure all children were accounted for.

Good infection prevention and control measures were in place. Children regularly washed their hands helping to prevent the spread of potential infection. Staff used cleaning materials to clean down tables after snack and washed their hands. Children naturally carried out this routine and told us when they come in from school, they go straight to wash their hands. Hand soaps and paper towels were available.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Where there are some strengths, but these just outweigh weaknesses.

3.1 Quality assurance and improvement are led well

Children were encouraged to share their views helping children to feel included in their service. Staff were responsive to these and acted upon them. One child told us 'this is my idea here, we made them (robots) and now they are at my home'. The service should develop opportunities for children to reflect on their learning to maximise children's involvement.

There were a number of policies in place, however, these were not reflective of the service or procedures. For example, not in line with best practice guidance. Whilst we recognise there had been recent changes to senior management roles, policies should be reviewed to ensure these are robust to support practice (see area for improvement 1).

During the inspection, we noted a condition that had been agreed with the provider made at registration, to install a third sink in the girls toilets, had not been complied with. Through discussions with senior management, we learned there had been difficulties with maintenance colleagues. However, the provider should have submitted the formal notification to the Care Inspectorate to have the date of the condition extended. The provider should ensure they are aware of their responsibilities in complying with conditions and requirements from the Care Inspectorate. We requested the formal notification to be submitted to the Care Inspectorate for assessment. Before this report was written, the formal notification was submitted.

Communication with parents included phone calls, emails and the use of an app. To support parents to feel included in the service, parents told us they felt the service communicated well with them and staff and management were quick to reply to any questions or queries.

The manager had systems in place to identify any training needs for staff to help build their knowledge and develop new skills. A vision board was in place for staff to record where they felt they needed or wanted further training, contributing to staff's aspirations and commitment to meeting children's needs.

Areas for improvement

1. To ensure children receive high quality care, the provider should ensure policies are reflective of best practice documents and are relevant to the service. This should include, but not limited to, reviewing child protection and medication policies.

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).

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate. Where there are some strengths, but these just outweigh weaknesses.

4.3 Staff deployment

To support a positive ethos within the service and promote health and wellbeing, positive relationships between staff and management had been developed. Staff told us they enjoyed their work and can approach the manager if they have any concerns, helping staff to feel supported at their work. Staff worked well together as a team to support children and their individual needs. Daily tasks were organised well, with minimal impact on children's care.

Staff meetings took place daily to discuss relevant information that supported meeting children's needs. For example, communication with parents and any information on school pick ups. Further meetings took place to discuss information relating to practice. There was a system in place for recording these minutes, supporting opportunities for staff to reflect on discussions.

Arrangements were in place to support the continuity of care across the session. For example, staff working patterns were considered to ensure they could effectively meet the needs of the children. Children's needs were considered when planning for school pick ups. These were reviewed and amended daily if necessary, this helped ensure appropriate supervision to keep children safe.

Procedures were in place to support staff absences. However, on the day of inspection, some staff helping with the delivery of care were not registered with the Scottish Social Services Council (SSSC). The SSSC promote a high standard of practice from staff, which supports good outcomes for all children. We discussed with management the roles of all staff members and their registration status (see requirement 1).

Requirements

1. By 12 December 2022 the provider must ensure that all children are cared for by the relevant people.

To do this, the provider must, at a minimum:

- a) ensure staff are aware of their roles
- b) ensure all staff helping with the delivery of care are appropriately registered
- c) ensure there are plans in place to support staff absences.

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 states that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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