

# Grampian Autistic Society - Aberdeen Playscheme Day Care of Children

37/41 Carnie Drive  
Aberdeen  
AB25 3AN

Telephone: 01224 277 900

**Type of inspection:**  
Unannounced

**Completed on:**  
17 August 2022

**Service provided by:**  
Grampian Autistic Society

**Service provider number:**  
SP2003000368

**Service no:**  
CS2003001829

## About the service

Grampian Autistic Society - Aberdeen Playscheme is a day care of children service in a residential area of Aberdeen, close to shops, parks and other amenities. The service is registered to provide care to a maximum of 16 children with an autistic spectrum disorder between the ages of 4 and 18 years of age.

The premises has recently been refurbished and comprises of a playroom, soft play, sensory room, big technology room, library, office space, kitchen and toilet facilities. There is no outdoor space at the setting, however, children and young people make use of the local community.

## About the inspection

This was an unannounced inspection which took place on 15 August 2022 from 09:30 to 17:45 and on 16 August 2022 from 08:45 to 17:30. We carried out this inspection following an incident whereby a child left the service unobserved by staff. We gave feedback virtually on 17 August 2022. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection. To inform our evaluations we:

- spoke with children and young people using the service
- gathered feedback from 12 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Ineffective personal planning meant that children's needs were not met effectively. Some families told us they did not feel involved in their child's care, including reviewing their personal plan.
- The setting had been refurbished which gave children more space to play, however, resources needed to be improved to make areas more inviting and inspiring.
- Children were put at risk due to poor management of medication.
- No effective quality assurance processes were in place which meant that serious failings had not been identified or addressed.
- Poor staff deployment did not take account of staff skills and knowledge which put children at risk. Staffing arrangements were not well planned which meant children did not experience continuity of care.

## 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory

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

## How good is our care, play and learning?

2 - Weak

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

### Quality Indicator 1.1: Nurturing care and support

Children experienced interactions which were mostly caring, kind, and responsive to their interests, however at times this was inconsistent. Children were not given enough time to process information and respond as staff repeatedly asked them questions or said children's names. This demonstrated a lack of understanding about how to support children's emotional regulation.

Effective arrangements were not in place for families to share important information with staff. As a result, key information was not effectively shared which had a negative impact on children's experiences. For example, staff were unaware of how well a child had slept the previous night which impacted on their engagement with activities and staff were not aware of strategies to support the child effectively. Some families told us they did not feel they received good quality information about their child's care. We raised this with the manager and on the second day of inspection, there were better opportunities for families to share information with staff. This improved the quality of information sharing about children's needs and how best to support them.

When children were transitioning throughout the day, they were not effectively supported. A lack of planning and structure meant that transitions such as getting ready to go to the park took significant periods of time. During these times, children did not always receive the support they needed, for example, we saw a child become agitated and distressed. Clear routines were not in place to help children to understand what was happening and to help them to adjust and feel secure (**see area for improvement 1**).

Children did not experience a sociable, relaxed, and safe lunch time experience. They were not encouraged to sit and eat together resulting in some children wandering around when eating. This increased their risk of choking. We advised the manager to address this on the first day of inspection and found improvements were made the following day. Whilst some staff ate with children, there were no opportunities for children to develop life skills and experience a positive mealtime (**see area for improvement 2**).

Children's needs were not being consistently met. Effective systems were not in place to gather information from families, record this in a meaningful way and share it with the staff team. As a result, some personal plans had very limited information whilst others did not reflect children's current interests or needs as they were out of date. Where personal plans did contain current information, staff did not always use this. For example, staff did not always follow strategies identified in children's personal plans such as the use of communication tools. As a result, children were not enabled to communicate in a way which was right for them. Significant lack of detail around children's individual needs, including individual risk assessments and chronologies, meant children were not kept safe and were not effectively supported. Some families told us they did not feel involved in their child's care, including reviewing their personal plan (**see requirement 1**).

Children were at significant risk due to poor recording of medication. We identified concerns including a lack of information recorded to enable staff to safely manage medication and incorrect information recorded when medication was administered. Staff's lack of knowledge of how to accurately record the administration of medication put children's health needs at risk (**see requirement 2**).

Children were not kept safe and protected as comprehensive child protection procedures were not in place. The manager had only completed basic child protection training and lacked confidence in the procedures to follow as the child protection officer. Whilst we recognised that there was an additional child protection officer who had a clearer understanding of procedures, both lacked detailed knowledge of children's individual needs. This meant that children were at risk of not being kept safe and protected. Staff had an awareness and understanding of their role in child protection, however, were unclear on who the child protection officers were **(see requirement 3)**.

### Quality Indicator 1.3: Play and learning

Children were not fully empowered to make decisions about their play and learning. They could choose to access different playrooms with a variety of resources. However, many of these resources were not exciting, inspiring, or stimulating. As a result, children were not supported to develop their imagination and curiosity. Where children did show an interest in their play, these cues were not always recognised or respected. For example, children were having fun and enjoying their time at the park however, this was curtailed with staff taking the decision to leave after a very short period of time.

A lack of effective planning limited opportunities for children to access outdoor play and experiences in their local community. Children's individual interests were not always taken account of to ensure their experiences were meaningful. There were some opportunities that children enjoyed doing in the community, such as going bowling **(see area for improvement 1)**.

Children were not always supported to engage in fun and meaningful experiences. There were limited approaches in place to plan engaging and interesting play experiences. As a result, children were not being challenged and stimulated. Children experienced inconsistencies in how staff responded to their cues during play. Some staff responded appropriately when supporting children to explore different play and learning experiences; however, some staff did not. For example, one child ventured into a different playroom, but was directed back to watching films where they had already spent significant time. Another child was prevented from returning to waterplay as the tray was covered by staff. As a result, children were not being supported to achieve their potential **(see area for improvement 1)**.

The quality of staff interactions were inconsistent. For example, most children were supported to engage with the activities at the science centre. At the setting, there were some positive interactions which supported children's development such as exploring different sounds through music. However, at times staff interactions were not skilful in supporting and extending children's learning. They did not always give children sufficient time to process information and respond **(see area for improvement 1)**.

### Requirements

1. By 7 October 2022, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met
- b) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs
- c) personal plans are regularly reviewed and updated in partnership with parents and carers.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010)

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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. By 23 September 2022, the provider must ensure children's medical needs are safely managed. To do this, the provider must, at a minimum ensure:

- a) comprehensive medical protocols are in place for children who require them
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication
- c) medication administered is accurately recorded
- d) staff are knowledgeable and competent in relation to the recording of medication and follow the 'Management of Medication in Day Care of Children and Childminding Services' guidance.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. By 30 September 2022, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) staff, including the manager, are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role
- b) staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure 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).

## Areas for improvement

1. To improve the quality of children's experiences, staff should ensure that children are meaningfully involved in leading their play and learning through a balance of planned and spontaneous experiences. Children's choice should be promoted, and their learning and development extended through skilful staff interactions.

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 ensure children's safety and create a positive mealtime experience, staff should improve the lunchtime experience. This should include but is not limited to:

- a) reduce choking risks by ensuring children get the effective support and supervision they need
- b) promoting opportunities for developing life and social skills

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

## How good is our setting?

### 2 - Weak

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

#### Quality Indicator 2.2: Children experience high quality facilities

Children experienced an environment which was bright and airy. The building had recently been refurbished and children now had more space to play. There was a lack of cosy, soft spaces to create a nurturing and comforting environment. A few areas of the setting were cluttered, for example windowsills in the toilets, which meant they could not be easily cleaned. Poor storage of personal care items such as nappies and paper towels increased the risk of spread of infection. Staff had begun to address this on the second day of inspection (**see area for improvement 2**).

Children benefitted from accessing some opportunities that supported their interests and needs. They spent time relaxing in calm, quieter spaces such as the sensory room and cinema. Some children were engaged in the big tech room where they spent time developing skills using technology and gaming equipment. However, on one occasion, the video children were watching was not age appropriate. Staff addressed this when raised by the inspector. The manager agreed to put systems in place to ensure children could only access age appropriate material.

Children did not have access to rich and stimulating play resources and activities to support and extend their play and learning. Some play areas were uninviting due to poorly presented resources and other areas were not well resourced. For example, dressing up clothes were stored in a plastic box with a mixture of other toys and the home corner did not have interesting and exciting objects. As a result, children were not interested and stimulated to play in these areas. There were very few messy play opportunities, loose parts and natural materials which limited children's opportunities to explore, investigate and to support their creativity and curiosity (**see area for improvement 1**).

Children were not kept safe as staff did not work effectively together to promote a safe environment. Staff did not identify potential risks and as a result had not put effective measures in place to minimise these. For example, staff did not carry out a check of the area on arrival at the park to identify any potential hazards. Arrangements for security within the setting were ineffective as there was the potential for children to exit the premises unnoticed. An incident occurred where a child had left the premises unnoticed, however during the inspection the front door was open for a period of time. As a result, there was the potential that children were not kept safe or protected. We raised this with the provider who advised they would take action to address this (**see requirement 1**).

## Requirements

1. By 23 September 2022, the provider must ensure that children experience care in an appropriate and safe environment. At a minimum, the provider must ensure that:

- a) the environment and exits are safe and secure
- b) staff are confident and competent in assessing and addressing risks
- c) risk assessments are up to date and take account of children's individual needs
- d) staff understand and effectively implement the risk assessments that are in place.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is safe and secure' (HSCS 5.17).

## Areas for improvement

1. To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should as a minimum, ensure play spaces offer a range of well-presented resources and materials which effectively challenge and stimulate children in their 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 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 (HSCS 2.27).



2. To support children's health and wellbeing, the manager and staff should review current infection control procedures. This should include but is not limited to decluttering areas of the setting to ensure effective cleaning can be carried out and the appropriate storage of personal care items to minimise the risk of spread of infection.

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

## How good is our leadership?

## 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

### Quality Indicator 3.1: Quality assurance and improvement are led well

Children and families were provided with some opportunities to influence change within the setting. They were involved in developing the strategy, vision and values for the service including a new brand, logo, and name. Most families told us they were happy with the care and support their child received. However, there was no evidence that families had been involved in giving feedback at service level to inform the development of the setting to impact positively for their child.

Effective arrangements were not in place to ensure the service was well managed and led. The temporary manager was responsible for another service and did not have sufficient time within their management role to undertake their responsibilities (**see requirement 1**).

Quality assurance procedures were not in place, this meant children were put at risk. There was no monitoring of children's experiences or staff practice and as a result inconsistencies and poor practice were not identified or addressed. There were regular opportunities for staff to reflect together. However, reflections did not result in improved outcomes for children as identified in this inspection report. There were no effective systems in place to support improvement within the service and to promote positive outcomes for children including ensuring their safety (**see requirement 2**).

A review of the organisation had been carried out at a strategic level to identify areas for improvement. This had a limited impact on improving outcomes for children. Where actions had been identified there was a lack of urgency to address these which contributed to poor experiences for children. For example, they had identified that children's personal plans and risk assessments would be updated by October 2021, and this had not been completed. As a result, children's needs were not being met effectively and they were put at risk (**see requirement 2**).

Investigations of incidents and concerns were not robust and lacked effective learning and evaluation. Management had informed the family following a serious incident where a child left the service unattended. However, they had not carried out a robust investigation. The staff had begun to reflect on the incident and put some mitigations in place, such as changing the lock on the front door to provide a more secure environment. However, where other actions were identified, these were not clear or not carried out with urgency. There were no quality assurance processes in place to ensure identified changes had been implemented and were having a positive impact. This resulted in the potential for this incident to reoccur. At the time of writing this report, the management team had completed a learning review and were taking steps to minimise risks to keep children safe **(see area for improvement 2)**.

Policies and procedures were out of date and did not reflect current best practice. As a result, they did not provide clear guidance for staff and had the potential to put children at risk. For example, the missing child procedure did not reflect what staff should do in the event of a child leaving the premises. There were no opportunities for staff to discuss their understanding of key policies and procedures that promoted the safety of children **(see area for improvement 1)**.

Following the inspection, the provider informed the Care Inspectorate that they had appointed a new manager who has the necessary skills, knowledge and experience to effectively manage the service. They advised they would pause operating the service until 24 September 2022 when the new manager would be in post. The provider has agreed to take up the offer for the Care Inspectorate to provide improvement support and intends to keep the Care Inspectorate up to date with the progress.

## Requirements

1. By 23 September 2022, to support the effective running of the service, the provider must ensure that the manager has sufficient time to effectively manage and lead the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

2. By 30 November 2022, the provider must ensure improved outcomes for children by implementing effective and robust self-evaluation and quality assurance processes. To do this the provider must, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service
- d) staff are meaningfully involved in self-evaluation to promote continuous improvement
- e) the management team effectively monitors the work of each member of staff and the service as a whole

This is to comply with the Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

### Areas for improvement

1. To ensure children are kept safe and protected, the service's policies and procedures should be reviewed and updated in line with current guidance. Staff should be supported to develop their knowledge of policies and procedures and apply their learning into practice.

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

2. To ensure children and families experience positive outcomes, investigations should be thoroughly and effectively carried out. The manager should ensure that actions identified as a result of the investigations are followed up to make positive changes to children's outcomes.

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).

### How good is our staff team?

### 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

#### Quality Indicator 4.3: Staff deployment

Staff deployment was poorly planned to take account of staff skills and knowledge. For example, on the first day of inspection, no staff on the outing to the park were first aid trained. This placed children at risk as staff did not have up to date skills and knowledge to administer first aid in the event of an accident or incident (**see requirement 1**).

There were insufficient staff deployed on outings to ensure the safety of children. All staff on the outing were supporting children which did not allow for any additional help and support if needed. We raised this with the manager and changes were made which resulted in a team leader accompanying the staff and children on the outing planned for the second day. This improved children's experiences; however, more effective planning must be carried out to ensure all children's safety and that their needs would be consistently met (**see requirement 1**).

Children did not experience a stable staff team to support them, which impacted on the continuity of care. Most staff were new to the setting and had only been in post for a short time. As a result, they were still building relationships and getting to know children. However, families told us they were not well informed about staff changes. Some families did not feel that staff knew their child well or had the appropriate skills and experience to care for their child. They told us they did not always know who was caring for their child. Some families said that staffing changes had impacted negatively on them due to last minute cancellations which meant children's routines were disrupted (**see requirement 1**).

The deployment of staff throughout the day meant that children did not experience consistent care and support to effectively meet their needs. The many staff changes throughout the day impacted negatively upon children's experiences. For example, when one child needed support with personal care, this was poorly managed and as a result, three children were negatively impacted by changes to the staff caring for them. Children experienced as many as three staff changes during and after lunch time, which did not contribute to a nurturing and relaxed mealtime experience. Staffing arrangements did not effectively take account of children's attachments and relationships to ensure children experienced continuity of care. Changes were made to the arrangements for staff lunches following feedback on the first day of inspection, however, improvements were still required to ensure children experienced consistency in the staff caring for them **(see requirement 1)**.

Due to poor record keeping in the files we sampled, we were unable to ascertain if staff had been safely recruited. References had been sought however, there was no documentation to demonstrate that Protecting Vulnerable Groups (PVG) checks had been carried out. As a result, children were potentially not safe and protected **(see requirement 2)**.

## Requirements

1. By 23 September 2022, the provider must ensure that children are cared for and supported by knowledgeable, skilled and experienced staff who know their needs and are deployed appropriately. They must, as a minimum,

- a) ensure that children are safely and effectively supported at all times including during staff breaks.
- b) ensure children are cared for by a consistent staff team who work well together to support positive children's experiences
- c) involve and inform families where there are changes to staffing to ensure their child's needs are met

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), 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' (HSCS 3.14)

2. By 23 September 2022, the provider must ensure children are safe and protected. In order to achieve this the provider must ensure that staff are recruited in a safe manner in line with best practice and that all relevant checks are carried out timeously.

This is to comply with Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 confident that people who support me have been appropriately and safely recruited' (HSCS 4.24).

## Complaints

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

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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