

# Juniper Green Out of School Provision Day Care of Children

Juniper Green Primary School  
20 Baberton Mains Wynd  
Edinburgh  
EH14 3EE

Telephone: 07557016325

**Type of inspection:**  
Unannounced

**Completed on:**  
9 September 2022

**Service provided by:**  
North Edinburgh Childcare Enterprise  
Limited

**Service provider number:**  
SP2010010995

**Service no:**  
CS2018367174

## About the service

Juniper Green Out of School Care Provision is operated by North Edinburgh Childcare Limited (NECL). The service is based in Juniper Green Primary School. It is registered to provide a care service to a maximum of 60 primary school aged children. The service offers a breakfast club and holiday club.

The children had access to a main hall space, toilets and outdoor playground space. The service is located in the heart of a local housing estate and close to local amenities.

## About the inspection

This was an unannounced inspection which took place on 07 August 2022 between 14:30 and 18:00. We then carried out a second announced visit on 08 August 2022 between 14:15 and 16:45. 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 previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- gathered feedback from families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Feedback was given via video call on 09 September 2022 to two members of the senior management team and the service manager.

## Key messages

- The service must make improvements to key areas of practice to ensure the safety and wellbeing of children.
- The environment needed to be further developed to support children to extend and lead their own play.
- The service needed to develop their induction programme to ensure that staff have the right knowledge, skills and experience to support positive outcomes for all.
- Quality assurance systems are not robust or effective and, at present, have little impact on the quality of the service for children and families.
- Staff had built positive relationships with children and families.
- Parent feedback recognised that the service was highly valued within the local community.

## 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?	3 - Adequate
How good is our leadership?	2 - Weak
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?

2 - Weak

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

### Quality Indicator 1.1: Nurturing care and support

Personal plans were not in place for all children. Plans that were in place did not comply with national guidance and legislation. Information held was basic and did not reflect children's individual needs, preferences or wishes. The service must introduce personal plans for all children. Staff need to develop their understanding of embedding an effective personal planning approach that supports the overall wellbeing of all children. Personal plans should contain detailed support strategies that enable staff to respond quickly and sensitively to children's needs. These should be developed in partnership with children and families. This will contribute to children experiencing consistency and continuity in their care. To support this development we directed the service to the Care Inspectorate document, 'Guide for providers on personal planning' (see requirement 1).

The service needed to improve their management, storage and monitoring of medication. Some staff were unable to confidently tell us who had medication, where it was stored and in what circumstances children should receive it. This could result in children's individual medical needs not being met in an emergency. Medication forms and permission slips were not maintained or updated in line with good practice guidance. For example, we found some medication forms had not been updated since August 2021. The service must develop their storage, recording and monitoring of medication and ensure that all information held is correct and up to date. Staff should be informed and knowledgeable about children's medical needs and be able to respond to these as required. To support this development we directed the service to the Care Inspectorate, 'Management of medication in daycare of children and childminding services' (see requirement 2).

The service had developed a system to support children to be involved in the planning of the snack menus which promoted choice and recognised the child's voice. However, the service should consider food choices across the week and ensure that these were nutritious and reflected current guidance. We found there were missed opportunities for children to be part of the preparation and serving of their own snack. The service should introduce a snack routine that provides opportunities for children to develop everyday skills around food preparation and safety. As a result, children will develop independence and build confidence (see area for improvement 1).

### Quality Indicator 1.3: Play and learning

Some staff clearly understood their critical role to support children's interests and promote their play and learning. For example, we observed a staff member using their knowledge and skills to step in and suggest an activity to support a group of children that were showing an interest in throwing objects within the indoor space. However, we did not see this consistently across the staff team and we observed missed opportunities to support and extend children's play. The service should support staff to develop their understanding of how children play and learn, and their critical role in supporting high quality play experiences. This will contribute to children having play and learning experiences that are supported by skilled, knowledgeable, sensitive adults (see area for improvement 2).

Staff welcomed children's contributions when planning for their play and learning. For example, children were invited to share suggestions each week in relation to planning for their current interests and developing their own ideas. One child told us, "We put our ideas on the board and then we decide what we are going to do". The manager had self-identified that observations were not being used consistently to inform planning and this was an area they were keen to develop. The service should continue to develop their planning process and ensure that it is child centred and responsive to children's interests and life experiences. Staff should be supported to develop their observation skills and how these are used to inform the planning process. As a result, children will have access to a balance of planned and spontaneous activities that reflect their current interests and support them to revisit and extend their learning.

## Requirements

1. By 11 November 2022, the provider must ensure that children's health, welfare and safety needs are met. The provider must ensure that each child has a personal plan in place. Staff should ensure that the care needs set out in children's personal plans are followed accurately by staff. This will help keep children safe and meet their health and wellbeing needs.

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

- a) ensure that every child has a personal plan in place
- b) ensure staff have accurate information on each child's needs
- c) ensure staff meet those needs by using information and instructions from parents
- d) ensure that where strategies are identified by other professionals, outside agencies and the service, these are consistently implemented
- e) ensure planned review dates are carried out at least once every six months in consultation with parents or sooner if a child's support needs change.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1)(2) 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 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).

2. By 21 October 2022, the provider must ensure that children's medical needs are met to keep them safe and healthy. To do this, the provider must, at a minimum:

- a) ensure that written information relating to children's medication is recorded with clear instructions and permission given by parents
- b) ensure information held relating to children's health care needs and/or medication is reviewed by parents when required and as a minimum once per term
- c) instructions on the actions staff should take to support a child if they became unwell while in the care of staff
- d) clear procedures to sign medication in and out of the service
- e) safe storage of medication
- f) ensure staff are knowledgeable about children's medical needs and where medication is stored.

This is in order 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 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).

## Areas for improvement

1. Children experience healthy and nutritious mealtimes that promote independence and develop self confidence. The manager should ensure that all staff have a shared understanding of the value of mealtime experiences for children. This understanding and improved practice should take into account the good practice guidance, 'Setting the Table' (NHS Scotland) and 'Food Matters' (Care Inspectorate).

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

2. Children experience high quality interactions and experiences that support and extend their current interests. The provider should ensure that all staff enhance their understanding of how children play and learn. This should include, but is not limited to, staff revisiting their knowledge, accessing further training and reflecting on how children play and the critical role of the adult.

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' (HSCS 3.14).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

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

Play spaces needed to be improved to support children's comfort and enable them to thrive. Children had access to a large hall which acted as the main play space, a toilet area and a large outdoor space. The space was well ventilated and furniture was kept to a minimum. As a result, the environment felt more functional and lacked a warmth and homely feel for children. For example, there was no comfy, cosy space for children to rest and relax throughout the session. The service should develop their spaces to reflect the current interests and needs of the children in the service. This will contribute to children's health, wellbeing and happiness (see area for improvement 1).

Resources within the space were limited and needed to be further developed to support children to extend their own play. For example, children had to ask an adult if they wished to access any resources, the adult would then collect these from the resource cupboard. The service should develop a variety of resources that children can freely access throughout each session. This will support children to have direct access to a variety of resources that support them to build on their own ideas and extend their own play and learning (see area for improvement 2).

## Areas for improvement

1. To support positive wellbeing and learning, the provider should ensure a pleasant, safe and stimulating environment for children throughout each day. The layout, resources and equipment should promote an inclusive and accessible environment for children. Staff should present resources well to make them interesting and inviting to children throughout the day. Children's right to rest and relaxation should be planned for within the environment.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

2. To support children to extend and build on their own play and current interests indoors and outside, the staff team should ensure children have consistent free access to a range of resources that support challenge and curiosity across all age groups. This should include but not be limited to the introduction of more open-ended resources.

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).

## How good is our leadership?

**2 - Weak**

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

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

The manager and staff team were unable to share the vision, values and aims of the service. The service should develop a shared vision for the setting that reflects the aspirations of children, families, staff and the wider community. This will support staff to know what is important for the setting to meet the needs of children and families. This will contribute to improved outcomes for all.

The manager had begun to develop a monitoring system to cover key areas of practice. However, this needed to be further developed to ensure it was having an impact on outcomes for children and families. For example, we found gaps in key areas of practice such as medication and personal planning. The provider should support all staff to develop their knowledge and skills to support a programme of continuous improvement. They should develop effective quality assurance systems that consider all areas of practice. We directed the service to the Care Inspectorate 'Hub' to access good practice guidance and online materials to support these developments (see requirement 1).

Staff reflected together for a short time each day while setting up and tidying away the play space. However, these reflections were often around practical tasks and duties. As a result, when changes were implemented they were not underpinned with good practice guidance or current thinking. The service should implement ongoing self-evaluation processes that support staff to identify inconsistencies and gaps in practice. Leaders should create a culture that enables staff to confidently challenge practice and facilitate reflective

discussions that bring about positive change to outcomes for children and families. This will contribute to children and families experiencing quality care and support that is tailored towards their individual needs (see requirement 1).

We saw examples of where the service had actively sought the views of children and families to inform the development of the setting. One parent told us, "One of my children was involved in setting up a survey to gather feedback from the children which they loved being involved in". This contributed to children and families feeling valued and included within the service.

## Requirements

1. By 11 November 2022, to ensure that children and parents experience a service which promotes children's health and wellbeing through high quality care, play and learning experiences, the provider must ensure that there is a culture of continuous improvement. To do this, the provider must, as a minimum:

- a) develop and implement an improvement plan for the service
- b) build opportunities for professional discussion and feedback to improve staff and service performance
- c) develop systematic and rigorous procedures for quality assurance including self-evaluation, auditing and monitoring of record keeping across all aspects of the service
- d) ensure staff practice and how they support children's play is in line with best practice
- e) all staff are involved in ongoing self-evaluation which leads to high quality care and support.

This is to comply with Regulation 15 (a)(b) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) 3, 4 (1)(a) and 15(b).

This is to ensure that care and support is consistent with 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).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

#### Quality Indicator 4.3: Staff deployment

The service was currently experiencing changes within the staff and management team. The provider was currently recruiting new staff and recognised the importance of ensuring that they had the correct skills, experience and knowledge to promote positive outcomes for children and families. Moving forward, the provider should ensure that the manager and staff team receive ongoing support through this period of change. The service should ensure that staff have opportunities for professional discussion and support to build positive working relationships and grow as a new staff team. This will support management and staff to understand the differing experience, knowledge and skills across the team and how these can be best used to support positive outcomes for all. As a result, children will be cared for by staff that feel valued and supported (we have made a requirement and reported on this in the 'Quality assurance and improvement are led well' section of this report).



Evidence gathered showed that temporary and new staff required further support and guidance on their role and how to meet the needs of individual children. For example, some staff could not tell us about children's medication needs. Temporary staff were working with children that they had not been introduced to. These staff members had not been given guidance to support them to understand or respond to children's needs. This could result in children experiencing inconsistent care and their individual needs not being met. The service should review and develop their induction and mentoring programme to ensure it is meaningful and has a positive impact on outcomes for children and families. This will result in children benefitting from being cared for by responsive staff who have the knowledge, experience and skills to care for and nurture them (see area for improvement 1).

There were sufficient staffing levels across both inspection days. Staff worked well together as a team and communicated to ensure that they were available to support routines and activities across the day. For example, when supporting free flow access to the outdoor space, staff organised themselves and communicated with one another. As a result, children were able to choose where they spent their time. This contributed to children feeling valued and their voices being heard within the space.

### Areas for improvement

1. To have experienced and well-trained staff who have the knowledge and ability to engage with and support children's care and learning and have the ability to make a real difference. The provider should review their induction programme to ensure it is thorough and is personalised to meet the different roles in the setting.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This is to ensure staff skills and knowledge is consistent with Scottish Government document, Early Learning and Childcare: national induction resource.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

Children would benefit from staff working with parents to gather the correct information about their medical and health needs. This information should be used to ensure that where appropriate the medication required is on the premises with the correct information about administration.

This is to comply with the Health and Social Care Standards- 1, I experience high quality care and support that is right for me.

This area for improvement was made on 13 January 2020.

## Action taken since then

This had not been met.

We have reported on this and made a requirement in Key question 1: How good is our care play, play and learning? section of this report.

## Previous area for improvement 2

Children would benefit from staff working with parents to gather information about children and ensuring that information gathered is used to develop strategies to support children.

This is to comply with the Health and Social Care Standards, 1, I experience high quality care and support that is right for me.

This area for improvement was made on 13 January 2020.

## Action taken since then

This had not been met.

We have reported on this and made a requirement in Key question 1: How good is our care play, play and learning? section of this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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