

South Morningside After School Care Club Day Care of Children

South Morningside Primary School
116 Comiston Road
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Type of inspection:
Unannounced

Completed on:
3 October 2022

Service provided by:
South Morningside After School Care
Club

Service provider number:
SP2003002899

Service no:
CS2003011994

About the service

South Morningside After School Care Club is registered with the Care Inspectorate to provide a day care of children service to a maximum of 124 primary school aged children overall with a maximum of 76 at South Morningside Primary School and a maximum of 48 children at Morningside Parish Church.

At South Morningside Primary School, during the summer holiday period the service can provide care to 10 children who are due to start school in the August. The maximum of 76 children must not be exceeded.

The service is delivered from South Morningside Primary School with the children from P6 and P7 currently being accommodated in South Morningside Parish Church hall. The children have access to the dining hall, playground and school toilets. Both sites are on local bus routes and central to the communities served by the school.

About the inspection

This was an unannounced inspection which took place at the main primary school building on Comiston Road on 23 September 2022 between 12:45pm and 16:15pm by two inspectors from the Care Inspectorate. A further visit by one inspector took place on 26 September 2022 between 15:00pm and 17:45pm. Feedback was provided to the management team and four members of the board of trustees via teams on 3 October 2022 at 13:30pm.

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 a number of people using the service and some of their parent/carers
- spoke with seven staff and the management team
- observed practice and daily life
- reviewed documents

Key messages

Most children were confident, happy and having fun in the club
 Staff were warm and caring to the children
 Staff should update their knowledge and understanding around keeping children safe
 Food storage and hygiene practices should be improved
 Safer recruitment practices should be followed
 Quality improvement and self evaluation processes must be developed.

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?	2 - Weak

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 were confident, most were busy and interacted well together. They made full use of the space and resources which were available to them. Staff chatted with the children throughout the session, joined in their play, laughed and had fun with them.

Children were kept active and healthy through regular access to the outdoor area. Children were enjoying the fresh air and having fun with the staff outside. They were listening to music and dancing, making dens, playing football and doing gymnastics.

Some staff lacked the appropriate understanding about keeping children safe. This included the procedure to follow if they needed to report a concern about a child's health and wellbeing. We spoke to the manager and advised that immediate action was needed to improve staff's skills and knowledge. The management team have started to address this concern. (See requirement 1)

Some staff were not aware if children who were attending the club had an allergy. They did not know if children would require medication or where medication would be stored. The management team told us that a daily procedure was in place to inform staff about the needs of the children who were attending that day. This procedure should be reviewed, discussed with staff and the expectations of staff about their role in keeping children safe should be agreed. (See requirement 1)

Many children had formed good friendships with each other and staff tried to encourage positive peer group relationships. Children we spoke with said that they liked coming to the club to play with friends and that they liked the staff group. However, some children told us if they did not behave the toy, they were playing with was removed and sometimes they were told to sit in silence. This does not respect children or promote their rights. We have asked the senior management team to address this and to ensure children are supported to self-regulate and understand how to deal with and express their emotions. Staff should update their professional knowledge on promoting positive behaviour. Staff should discuss challenging behaviour with children and have a consistent, appropriate approach to addressing issues relating to behaviour. The policy on behaviour must be reviewed to ensure it follows best practice and outlines restorative behaviour management. (See requirement 1)

Children sat together to eat lunch and snack. This was not a calm, enjoyable experience for children. Children were noisy and shouting for attention. Snack was already prepared and served to the children. This meant children missed out on gaining valuable independence and real-life skills. (See area for improvement 1)

To ensure support for children is consistent, relevant and up to date the service had started to develop personal plans. Staff had gathered information on each child. This included personal information and contact details. Some plans included information to support the wellbeing of the children. However, for some children further information was required that should contain detailed support strategies that would enable staff to respond quickly and sensitively to children's needs. (See area for improvement 2)

Quality indicator 1.3: Play and learning

Although most children were having fun at the club, this was due to their own ability to play together and not through the choice or range of activities on offer. Children told us they were bored, and some children told us they would like to have more variety of toys to play with. Children had no opportunities to be actively involved in leading their play. Activities and resources were chosen by staff and no formal consultation with children was evident. Therefore, children did not experience play and learning that was relevant, personalised or sufficiently challenging for their age and stage of development. (See area for improvement 3).

Children had little access to their own or the wider community which further limited their choices and experiences. The service had indicated, as part of their improvement plan that they planned to "Re-introduce Park visits on Fridays and potentially throughout the week". However, current staffing levels did not allow this to take place.

Requirements

1. By 21 November 2022, the provider must ensure that children's health, welfare and safety needs are met. The provider must ensure staff understand how to protect children by following the correct safeguarding procedures. Staff must understand how to deal with challenging behaviour. Risk assessments should be undertaken to ensure children are safe and cared for appropriately.

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

- a) Ensure the child protection policy and procedure is updated and shared with staff
- b) Ensure staff are confident in dealing with safeguarding issues and are knowledgeable of the procedure to follow if a concern is raised
- c) Ensure staff are aware of the medical needs of the children and all medication is stored appropriately.
- d) Ensure children receive support to take responsibility for their behaviour and strategies are developed to provide clear and realistic expectations of children's behaviour
- e) Risk assessments should be carried out to ensure the safety of the children both indoors and outside.

This is in order to comply with Regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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).

Areas for improvement

1. Children should be provided with a healthy snack, and an eating experience that promotes choice and independence. The manager should support staff to understand the importance of snack and mealtimes and ensure they provide good quality experiences for children at these times.

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. To further support children, strategies held within the personal plans should be reviewed and updated. Staff should be aware of strategies, allergies and any medical needs of the children attending the club on a daily basis.

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).

3. Children should have access to an improved range of quality play resources that support challenge and curiosity across all ages groups. Staff should engage with the children to plan a range of innovative and interesting play opportunities. To enhance children's play staff training should be undertaken to highlight and share some of the current good practice and documents which focus on school aged play activities and resources.

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

'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 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

The club have the use of the school dining hall and the playground, which was accessed directly from the hall. Children enjoyed sustained access to the outdoors. The service should ensure both halls are used when the club is at capacity.

We had concerns over food hygiene within the club. The storage of food was not appropriate and posed a risk to the children. Opened packets of food were not labelled, meaning staff did not know when food was out of date. Food was not stored in air tight containers. The fridge was dirty, and freezer has not been defrosted for some time. We asked the service to take immediate action. By the time of our second visit the fridge was clean, and food was stored appropriately. Although the service had a food preparation and food hygiene policy and procedure in place, staff were not following this appropriately. This needs to be addressed by appropriate risk assessments and staff monitoring. (See requirement one)

There were no hand washing facilities within the hall and given the distance that children were from the school toilets, meant they could not wash their hands at appropriate times. Although children had access to wipes and anti-bac gel, no access to appropriate hand washing facilities caused an infection prevention and control issue. We have asked the service to ensure there is appropriate hand washing facilities that are easily accessible to children. (See area for improvement one)

Although children were busy on both days of the inspection. We found that improvements could be made to the environment. Staff should ensure the environment looks attractive and is welcoming to the children as well as providing them with a good range of stimulating play resources. Children were provided with a

comfortable area to relax and read a book. The manager had a plan to make improvements to this area including tidying the bookshelves and creating a cosier space.

The toilets were some way from the club and we expressed concern that children were accessing these by themselves. Unknown adults were in the school and doors were open to school playground. The service had addressed this by the time of inspection and introduced a system to ensure the safety of the children. We have asked the service to regularly review the toileting procedures to ensure outcomes for children remain positive. Children told us they didn't know why the new system had been introduced. The management team have agreed to discuss this system with children and staff to ensure they are aware of keeping themselves safe.

The toilets that children accessed were part of the school premises and were old, worn and cold. There was also concern over the cleanliness of these facilities due to regular flooding. We acknowledge that there were limited options to improve the toilets for children as they were part of the school premises. However, staff should ensure they are clean before the children attend the club.

Requirements

1. By 21 November 2022, the provider must ensure that food safety practices are sufficient to support children's health and wellbeing. To achieve this the provider must at a minimum:
 - a) Ensure that a procedure for food storage is developed using good practice information.
 - b) Ensure that all staff are booked on a course to receive or re-fresh food hygiene training
 - c) Ensure staff are responsible for following this good practice and procedures are monitored by the manager.

This is in order to comply with Regulation 4(1)(a) and (d) (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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (5.22).

Areas for improvement

1.
To ensure children can follow appropriate infection prevention and control measures, the service should ensure there is appropriate hand washing facilities that are easily accessible to children.

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

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

How good is our leadership?

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 3.1 - Quality assurance and improvement are led well.

Due to the lack of a management structure within the service no self-evaluation or formal quality assurance was taking place. Therefore, no improvements were being made to the service. The service did not keep up to date with best practice guidance or adhere to regulatory requirements. We have highlighted a range of concerns throughout this inspection that directly impacted on the outcomes experienced by children. The service must develop an improvement plan to address the requirements and issues raised throughout this report. Achievable timescales should be set to ensure improvements are made at a sustainable pace. This is to support the children to experience positive outcomes and ensure the quality of the service is enhanced. (See requirement one).

The manager had only been in post for a few days when we carried out our inspection. They had received no formal induction. The management committee should implement support and supervision for the manager, this would ensure that they had oversight of plans for improvement.

No formal processes were in place to gain the views of parents and children. Although questionnaires were available, we saw no evidence that these had been used to gain feedback about the service provided. Parents we spoke to were unaware that a new manager had been appointed. Systems should be put in place to gain feedback about the service and ensure parents are kept up to date with changes to the club. (See area for improvement one)

Requirements

1. By 21 November 2022, to improve outcomes for children, the provider must develop and implement an effective system of quality assurance to monitor and improve all areas of practice.

At a minimum, the provider must:

- a) Ensure there is appropriate and effective leadership of the setting, through effective support for the manager.
- b) Put clear and effective plans in place for maintaining and improving the service including the use of effective self-evaluation processes, and quality assurance systems
- c) Implement effective action planning to address areas of required improvements within identified timescales.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 3 Principles and Regulation 15 (a) and (b) Staffing.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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. Children and families should be included in the assessment and development of the service. Improved opportunities for children and families to have their opinions and suggestions used to improve the service should be provided.

This is to ensure 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).

How good is our staff team?

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

Quality indicator 4.3: Staff deployment.

Staff were caring towards children, and most were committed to ensuring that they had an enjoyable time in the club. Children went easily to staff and were confident around them. Some staff brought a sense of fun which children responded to very well.

Staff had undertaken some core training around child protection, food hygiene and first aid. However, we saw limited impact of this training throughout the inspection. Some staff spoke knowledgeably about children's mental health and using arts and crafts to manage behaviour. However, this was a minority of staff. The provider must ensure that all staff have the knowledge, skills and expertise to work within the club. Formal monitoring of staff's practice would allow the management team to identify gaps in staff's skills and knowledge. (See requirement 1)

Children were exposed to potential risk because recruitment procedures did not always follow safer recruitment practices which included returned background checks prior to commencement of employment. To ensure safe, competent, skilled staff were being employed we have asked the provider to develop safer recruitment procedures in line with safer recruitment guidance. We have asked the provider to ensure that a PVG check is returned before the manager begins to work with children. (See requirement 1)

Most staff wanted to provide the best possible care for the children, however the lack of an employed, qualified manager had resulted in staff feeling unsupported and stressed. Staff were employed as support workers, but some staff had taken on roles and responsibilities that they were not employed to do. A management structure should be created, job remits, roles and responsibilities should be issued to all staff. A robust induction process should be developed. This would ensure staff are knowledgeable, confident and accountable for the roles they take on within the club. (See area for improvement 1)

Regular staff meetings were held, staff discussed ideas, suggestions and any issues. The manager should now use these meeting to discuss the club, impact of any staff training and to delegate responsibilities to other staff. Minutes of these meeting should provide a clear line of responsibility for all staff to follow.

Requirements

1. By 21 November 2022, the provider must ensure children are safe and receive high quality experiences at all times. To do this, the provider must, at a minimum:

- a) Follow safer recruitment procedures when employing staff
- b) Assess the training needs of individual staff members
- c) Develop a training plan for individuals and the staff team as a whole
- d) Develop a system for staff supervision sessions and monitoring staff's practice.

This is to comply with Regulations 4(1)(a) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210.)

This is to ensure 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).

Areas for improvement

1. To ensure outcomes for children remain positive a management structure should be created. All staff should be issued with appropriate contact and job descriptions. They should be aware of their roles and responsibilities within the club and ensure these are being followed.

This is to ensure 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).

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

The manager should use best practice guidance to inform, develop and challenge staff practice to improve outcomes for children, in particular but not exclusive to:

- Increasing autonomy and independence within daily routines
- Providing opportunities for new experiences and challenge.

This is to ensure care is consistent with Health and Social Care Standard 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 17 June 2019.

Action taken since then

The service had been without a manager for some time. This had an impact on outcomes for children. Experiences and challenges for children were limited. A lack of resources and challenging activities meant children were bored.

Daily routines did not promote independence - especially snack times.

This recommendation is not met and is combined within a range of requirements and areas for improvement throughout 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.

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?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

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