

Cockenzie Out of School Club Day Care of Children

Cockenzie After School Club, Cockenzie Primary School
Osbourne Terrace
Cockenzie
Prestonpans
EH32 0BX

Telephone: 07539 692 995

Type of inspection:
Unannounced

Completed on:
7 February 2023

Service provided by:
Edinburgh and Lothians out of School
Care Network.

Service provider number:
SP2004006939

Service no:
CS2004078475

About the service

Cockenzie Out of School Club is one of 10 after school services operated by Edinburgh and Lothians Out of School Network (ELOSCN).

The service is registered with the Care Inspectorate to provide a care service to a maximum of 38 children aged between entry into primary school, up to and including those in first year at secondary school. On a Monday, Tuesday and Wednesday, care can be provided to a maximum of 45 children aged between entry into primary school, up to and including those in first year at secondary school.

The premises is attached to the primary school in the coastal village of Cockenzie, East Lothian. Children have access to a playroom which has toilets and a kitchen area. Children use the school playground for outdoor play.

About the inspection

This was an unannounced inspection which took place on 23 January 2023 and 27 January 2023. The inspection visits took a total of six hours. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, notifications and information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five children using the service and five of their family
- spoke with five staff and three senior managers
- observed staff practice and experiences for children
- reviewed documents.

Key messages

- Children were confident and secure in their surroundings.
- Children benefited from a range of professional sports coaching provided by the organisation.
- The leadership team were aware of gaps in the service through their self-evaluation processes. Improvement plans were being implemented to improve outcomes for children.
- The organisation needed to formalise manager arrangements and inform parents of these.
- Staff in the club needed to be further supported to better understand and identify positive outcomes for children.
- Areas of the premises needed refurbishment to ensure it was an attractive and pleasant place for children.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

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

Quality Indicator 1.1 - Nurturing care and support

Children were relaxed and comfortable with the staff who were caring for them, and familiar with the routine for the afternoon. This familiarity helped children feel confident and secure. Staff talked to children about their day at school and wider subjects such as home life or other clubs that they attended. These conversations helped children feel that staff knew them and that information could be shared with staff.

There was information collected about children in the online registration form. It was clear to parents that it was their responsibility to ensure contact information was kept up to date. Staff had a process for reviewing the care and support elements of the personal plan with parents in six monthly intervals. The leadership team needed to ensure that forms used were consistent and fully completed. Staff would benefit from some further guidance on the purpose of personal planning to develop their understanding of an effective personal planning approach. This would support the overall wellbeing of all children and contribute to children experiencing consistency and continuity in their care (see area for improvement 1).

A policy for the administration of medication was in place and this needed to be updated to reflect the Health and Social Care Standards (HSCS). The policy reflected the good practice medication guidance developed by the Care Inspectorate but needed more clarity for staff. Medication for a child, which had not been prescribed and did not have a pharmacist's label, was kept on the premises. Although this followed the club policy it was not current good practice (see area for improvement 2).

Children had the opportunity to have a group snack, which they enjoyed. They had a relaxed snack time where they sat and talked to their friends. On our first visit, this process was not well supported by staff. Staff took account of our feedback, and at our second visit, the lunch time experience was well supported by staff who sat and chatted to children. This gave them an opportunity to find out how children were and provide support where necessary. Children told us, 'they liked the foods they were given for snack and if they did not like what was on offer they could have fruit.' One parent suggested it would be good to know the snack menu in advance, especially on days when children may leave the club to go to sports clubs. This had been addressed by the club.

Quality Indicator 1.3 - Play and learning

The room was set up with some limited activities for children to take part in. Some children were engaged in their play, but there were several children who wandered around until directed by staff. We spoke to the leadership team about the need to improve the range and quality of play experiences available for children. There was no system used to indicate how activities for children were chosen or developed to support their ideas or interests. Staff needed to develop a simple system to evidence the range of activities provided, and how children influenced the organised or free choice play experiences. This would enable staff to evaluate the quality of play and share the range of children's play experiences with parents (see area for improvement 3).

Staff understood the value of outdoor experiences for children and ensured that there was regular access to outdoor play, which promoted their physical development. On our second visit, one of the organisation's sports coaches provided a session on football skills and golf. Children said they really enjoyed these sessions as they were 'fun' and 'a good laugh.' These sessions happened in regular blocks so that children could make progress in the skills they were learning. We discussed the ethos of outdoor play with the lead practitioner and the need to provide children with the choice to play indoors or outdoors during the sessions.

Areas for improvement

1.
Children should benefit from personal planning which is consistent and effective in providing support. To achieve this, all staff should receive information or training on the organisations approach to personal planning.

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).

2. To promote children's health and wellbeing, the provider should review the medication procedure to take account of the Health and Social Care Standards and current good practice. Staff should ensure that this procedure is understood and followed.

This is to ensure 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).

3. Children should be able to engage in a range of innovative and interesting play opportunities which have been planned by staff using observations of children's interests and an improved range of quality play resources. 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 states that: 'As a child I have fun as I develop my skills in understanding, thinking, investigation an problem solving including through imaginative play and storytelling' (HSCS 1.30); and 'As a child my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 2.2: Children experience high quality facilities

The club had sole use of a dedicated after school space in Cockenzie Primary School. The room provided children with plenty space for their play, but needed some considerable refurbishment to décor and flooring. This would ensure that it was a pleasant environment for children to use (see area for improvement 1).

The room provided comfortable spaces and staff spoke to us about the ongoing work to ensure that the furniture, equipment, and resources were age appropriate and provided children with comfortable spaces for their play. Children's views needed to influence the arrangement of the environment and the purchase of new good quality resources for indoor and outdoor play.

The outdoor environment was part of the school grounds. It provided children with plenty space for their play and for the activities organised by the sports coaches. Staff had approached the local community gardeners to improve opportunities for growing and community partnership. This would provide children with a positive link to the natural world.

To promote children's safety there were systems to assess risk. To increase their confidence and understanding of risk, children were supported in risky play such as climbing trees.

Staff had an understanding of infection prevention and control, and appropriate handwashing for children and staff was promoted. On our first visit to the club, some areas used by children were not clean, but this was addressed by our second visit. We have asked the leadership team to monitor this until new manager arrangements are in place.

Personal information kept in the form of personal plans or registration information was kept securely. We spoke to current staff about confidentiality. They had a good understanding of this and about what information could be shared, and what could not. There was a policy for the use of mobile phones in the club. The lead practitioner used the club phone to make calls, take photos, and upload information to the WhatsApp group. Staff were not permitted to use their personal phones during the club session.

Areas for improvement

1. To provide children with facilities that are warm, welcoming, and well-maintained, the provider should develop an action plan for refurbishment in association with the local authority. They should consider the layout of the play space and ensure that it is, at all times, attractively presented, clean, and inviting for children to use.

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' (HSCS 5.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 3.1 - Quality assurance and improvement are well led

At the time of our inspection there was no appointed manager. There had been difficulties in employing a suitably experienced and qualified person to take on this role. The manager arrangements had been shared and discussed with the Care Inspectorate as an interim arrangement. As part of the manager arrangements, senior managers from the organisation were present in the club on a regular basis to support the lead practitioner and staff.

Since our last inspection there had been some improvements to the processes used for the auditing and monitoring of procedures, some areas of staff practice such as record keeping and the organisation of documents and records. While some of the monitoring had a positive impact, more work was needed to ensure that those carrying out these procedures fully understood the success criteria as we found discrepancies in medication procedures and personal planning documentation (see area for improvement 1).

The leadership team had developed an improvement plan. This identified key areas of practice that would be the focus of development work. This demonstrated that the leadership team and staff were keen to improve children's experiences. Work should continue to include staff in the improvement process and make the success criteria clear, to enable realistic measurement of the impact of changes made. This would ensure improvements could become embedded over time.

We issued an e-mail through the organisation to parents using the club asking for comments about the quality of the service they received. We spoke to one parent and received comments from four parents. Overall, parents were happy with the service their child received. Comments included:

"Communication has been really good always and has improved a bit in the past couple of month as staff changed at the after school club."

"My child has attended the club for a year now. Even though they can normally be difficult going to any outside clubs, they seem to really enjoy Cockenzie ASC. They are shy but has a good time, always kept occupied and gets on well with the staff."

"Overall, I have had no issues with the club and have been able to speak to staff whenever I have needed to. I have also received numerous emails containing information and updates."

Two parents commented that communication with them regarding staffing and general information could be better. The organisation were already looking at the level of communication from the club to ensure that they were well informed about what was going on in the club, and who was responsible for management and leadership (see area for improvement 2).

Areas for improvement

1. To improve outcomes for children and ensure that there is culture of improvement in the club, the leadership team and provider should implement an effective system of quality assurance to monitor and improve practice. Staff carrying out quality assurance, auditing, and monitoring procedures should be suitably trained and experienced for this task.

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).

2. Children should receive the care that is right for them. To achieve this, the management team should improve the range, frequency, and quality of communication they have with parents. This should include ensuring that parents are aware of what is happening in the service, including them in the evaluation of areas of the service, and assessing the quality and content of daily feedback on a child's experience in the

Out of School Club.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.6).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 4.3 - Staff deployment

There had been a period of staff change over the past 12 months. There were sufficient staff across both days of the inspection to support children and meet their needs. They were caring and committed to their role in childcare, but lacked the in-depth knowledge and experience necessary to provide high quality outcomes for children. The organisation was providing support for staff in the form of training, both formal childcare qualifications and additional courses which would enhance knowledge and understanding of childcare issues. Training and courses included SVQ 3, child protection, first aid and child focused courses such as outdoor training.

To develop the workforce, the organisation had a process in place for professional development and appraisal. This was in progress for the staff in the club and was used as a supportive tool to monitor practice and discuss professional progress. All permanent staff were registered with the Scottish Social Services Council and were aware of the Codes of Practice and their employers expectations of conduct.

The lead practitioner attended manager meetings for the the organisation and shared information with staff. We have suggested that a more formal minute of staff meetings should be kept to enable staff to add to the agenda and to have an overview of tasks and responsibilities.

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

Information gathered about children to meet care and support needs should include those external agencies and professionals working with children, and any support plans which are in place.

National Care Standards for Early Education and Childcare up to the age of 16. Standard 2 Health and wellbeing.

This area for improvement was made on 31 August 2017.

Action taken since then

New registration procedures and forms were in place and included a question regarding professionals or agencies who may have involvement in the child's care.

This recommendation was met.

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	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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