

Stonehaven After School Club Day Care of Children

Stonehaven Community Education Centre
Bath Street
Stonehaven
AB39 2DH

Telephone: 07710 515 640

Type of inspection:
Unannounced

Completed on:
3 February 2023

Service provided by:
Stonehaven After School Club

Service provider number:
SP2006008357

Service no:
CS2006123466

About the service

This service is provided by Stonehaven After School Club. It has been registered to provide a day care of children service to a maximum of 60 school age children. The service operates from the Community Education Centre where they have exclusive use of the outdoor hall and toilets, red and blue rooms in the main building and the enclosed outdoor play area. The service operates as an after school club, a breakfast club and holiday club.

About the inspection

This was an unannounced inspection which took place on 30 January 2023. One inspector carried out the inspection. Feedback was given virtually on 3 February 2023. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with children using the service
- received feedback by email from seventeen families
- spoke with staff and the manager
- observed practice and children's experiences
- reviewed documents.

Key messages

- All parents were happy with the level of care and support their child received.
- Interactions between staff and children were responsive and caring and staff knew the children well.
- Children had free-flow access to outdoor play.
- Staff should develop the experiences on offer to children indoors and outdoors to take account of children's interests, development, challenge, and learning.
- Staff should review the indoor environment to provide nurturing and homely spaces for children to play, learn, rest and relax.
- Quality assurance and self-evaluation processes were at an early stage of development and require to be further 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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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, where strengths only just outweighed weaknesses.

1.1 Nurturing Care and Support.

Children were happy and having fun during our visit. They experienced some warm, caring interactions from staff who took time to listen and respond to their needs. Parents spoke positively about the positive relationships between their children and staff and shared that their children enjoyed attending the club.

Snack was provided for the children and prepared by staff. Snack choices were healthy and nutritious. The service should provide children with the opportunity to prepare and self-serve their own snack to further develop life skills. Children ate packed lunches provided from home. Staff sat with children at lunchtime and ate their own lunch which offered a sociable experience for children.

For the majority of the session fresh water was available for children. We suggested staff should encourage children to have a drink throughout the sessions to support them to stay hydrated.

Parents completed registration forms and a care plan prior to their children starting at the club. The plans contained sufficient detail to support identification of children's medical and support needs for example allergies and any medication required.

There were strategies detailed in plans being used to support children. We suggested these support plans should be reviewed with all staff to identify clear and current strategies to ensure staff support children with a consistent approach. This would also enable the effectiveness of the support strategies to be reviewed and evaluated regularly.

Personal plans should be developed further to include children's likes, preferences and achievements. The service should ensure all paperwork relating to children's information should be reviewed with parents every six months or sooner should any significant change occur. **(See reinstated area for improvement 1.)**

Request to administer medication forms were in place for children who required medication. Medication was stored appropriately and the medication policy had been updated in line with current guidance. We advised that asthma plans and allergy action plans should be in place for children who require life saving medication to support staff to keep children fully safe.

The service should ensure they review all information relating to medication with parents every three months or sooner should there be any significant changes. **(See reinstated area for improvement 2.)**

The majority of staff had completed child protection training or refresher training. Staff spoke confidently about the procedures they would follow should they have any concerns. The manager and deputy had attended enhanced training and as a result the manager had an improved knowledge of how to deal with any concerns shared by staff.

A flow chart and relevant contact numbers were also in place to support staff. We advised that the child protection policy should be further reviewed to ensure it refers to National guidance for child protection in Scotland 2021.

The manager had made themselves familiar with chronology guidance and chronologies were in place to identify any significant events in children's lives. Not all entries had been reviewed and as a result we had to prompt action by the manager to ensure that when a child shares information with staff this should be followed up to support children to be safe. Regular opportunities for staff to discuss case histories or scenarios should be used to build staff confidence in this area. **(See reinstated area for improvement 3.)**

1.3 Play and Learning.

Children were able to voice their preferences over which activities to participate in and which resources they wished to play with. Resources were of a good quality and included construction, games and arts and crafts. The art and craft table was well used by several children.

We observed some nice, supportive interactions during the children's play. Staff were knowledgeable of children's interests and how to support these. Children's achievements were verbally recognised by staff supporting their confidence. While good relationships were evident between staff and children, the use of relevant practice documents, further training and guidance would support staff in developing their skills to promote high quality play and learning experiences.

There were opportunities for children to use and further develop their language and communication skills. Children were involved in creating displays and were involved in floor books documenting activities that they had been involved in. Staff should continue to identify these opportunities and build on them, including further opportunities for literacy and numeracy throughout play.

The service had since developed more opportunities for messy play and sensory play for example baking and gloop. Staff should continue to build on these opportunities and extend their experiences and opportunities for investigation and problem solving.

The outdoor environment provided children with opportunities to develop their gross motor skills and have fun. Children could access some loose parts, open-ended resources and toys outside to support children's play and interests.

There was a lack of challenge outdoors for some children and as a result we noted behaviour that could be challenging for staff to support. Some children lacked focus and tended to become physical with each other.

Staff had shared that several outdoor resources had went missing over the holidays and as a result a review of outdoor resources and activities was in the process. This should support the development of quality experiences and more depth to children's play experiences. This would also support with challenging behaviour. One child commented that they would like more outdoor equipment. **(See reinstated area for improvement 4.)**

During the holiday club children had opportunities to connect with the community. Parents and staff shared that they went on trips to the beach and to parks.

Areas for improvement

1. To ensure each child's needs are fully met, the provider should ensure that:

a) each child has a detailed personal plan in place that reflects their current needs and wishes and how they

will be effectively supported

b) all staff have an appropriate understanding of each child's current needs and use this knowledge to fully meet their needs

c) personal plans are reviewed at least every six months with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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. To ensure the health and wellbeing of all children, the provider should ensure that:

a) medication consent forms are in place for every child who requires medication

b) emergency plans and protocols are in place for every child who requires long-term emergency medication

c) these plans and consent forms must be reviewed and updated with parents at least every three months

d) the medication policy is updated to reflect these changes in practice and to ensure it is in line with current guidance.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. To safeguard children and keep them safe from harm or abuse, the provider should ensure that:

a) the child protection policy is reviewed and updated to ensure it is current and reflects best practice guidance

b) the child protection protocol is specific to the club and includes clear procedures for staff to follow

c) the manager and staff should make themselves familiar with chronology guidance and review all chronologies in place.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

4. To support children to lead and extend their play through a wide range of quality experiences, the provider should ensure that:

a) resources are reviewed and updated to offer more choice and challenge including using open ended and natural materials

b) the manager and staff should promote and extend child led play experiences and children's interests and provide more challenging activities to promote children's problem solving, thinking and investigation.

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 can direct my own play and activities in the way 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?

4 - Good

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

2.2 Children experience high quality facilities.

There was ample room for children to move around or take part in activities. The environment was warm and bright and ventilated well. The indoor and outdoor environment was safe and secure.

Appropriate policies were in place to support infection prevention and control practices. The environment was clean and tidy to minimise the risk of spread of infection. Children and staff washed their hands regularly and surfaces were cleaned when required.

Effective risk assessments were in place which ensured children's safety was always maintained. There were robust audits in place to ensure these were relevant and took account of changes to the environment. Children's information was securely stored within the setting, which respected and maintained their privacy.

The club had access to display boards where we could see involvement from the children including some of their art work. This supported them to feel included and valued. A noticeboard for parents displayed current staffing information to ensure parents were familiar with any staffing changes. There were some displays of children's art work and ideas and the manager told us that two new child led displays were in the process.

There was no quiet, nurturing space for children to take part in quiet activities or to rest after their day at school. This could help support some children who may need help with regulating their emotions or for children who want some quiet time. Staff should consider how to soften the environment, which would promote a homely and nurturing environment, where children have access to comfortable areas to rest and relax. For example, a story corner could be developed to support children to have a quiet area and to engage children's enjoyments of books.

How good is our leadership?

3 - Adequate

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

3.1 Quality assurance and improvement are led well.

Some staff could not share with us the vision, values and aims for the setting. These should be reviewed to

reflect the views of children, parents and staff to support staff and parents involvement in the setting.

An improvement plan was in place for the service taking into account previous requirements and areas for improvement. However, actions were not being completed within time lines or no evaluation of the outcomes had taken place. The service should develop this to ensure there are realistic timescales and measures of success. This will support the provider, manager, staff and parents to move forward together to improve the outcomes and experiences for children attending the service. **(See reinstated area for improvement 1.)**

We discussed how using the new 'Quality Framework for day care of children, childminding and school aged children' would support reflection, evaluation, and ongoing improvement within the service. We discussed using floor books to evidence improvements and changes and achievements within the service.

Children were asked for their views and included in the menu and resources choices. The service should also continue to consider ways to gain constructive feedback from parents and continue to involve children in evaluations and improvements.

A quality assurance calendar was now in place which included the planned review of personal plans, and medication reviews. This could be developed to show any recurring themes and actions taken. We suggested additional areas that should be added to this to support improvements, for example, an audit of accidents and incidents.

Most policies and procedures had been reviewed and identified up-to-date best practice and legislation. These should be shared with all staff when reviewed to support staff to follow current and best practice.

Areas for improvement

1. In order for children to experience high quality care, the provider should establish and maintain an evidence based system to audit, self-evaluate and assess the quality of the service. From this assessment, they should identify priorities for improvement and identify how these improvements will be achieved.

This is to ensure that care and support is consistent with the 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?

4 - Good

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

4.3 Staff deployment.

The manager appreciated the importance of appropriate staffing levels and additional staff were available at sessions. The majority of staff had undertaken core training to support them to keep children safe. Staff should continue to support their practice by accessing relevant training and becoming familiar with best practice guidance especially outdoor play.

At handover times staff took time to talk to parents and share information. Parents spoke positively about this and were happy with the level of communication.

The majority of staff shared they felt the team worked well together. Staff communicated well with each other to ensure appropriate supervision of children. New staff shared that they felt supported by more experienced team members as well as the manager. Some staff had been given a mentoring role for new staff to support new staff and to build their confidence. They spoke positively about this opportunity to support newer staff. Specific areas such as child protection, children's personal plans, and medication were a priority in their induction.

The manager had started to undertake supervision and monitoring of the staff team. This should support consistent practice, ongoing professional development/training and improvement within the service. Staff support and supervision meetings were beginning to identify where staff were perhaps needing some support. The manager should ensure that any actions are followed up in a timely manner.

Staff took part in annual appraisals during which they could discuss their wellbeing, development and any training needs. Actions to develop should be identified. These should be reviewed throughout the year to support continuous staff development.

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

To ensure each child's needs are fully met, the provider should ensure that:

- a) each child has a detailed personal plan in place that reflects their current needs and wishes and how they will be effectively supported
- b) all staff have an appropriate understanding of each child's current needs and use this knowledge to fully meet their needs
- c) personal plans are reviewed at least every six months with parents.

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

This area for improvement was made on 13 May 2022.

Action taken since then

Each child had a personal plan in place which identified their needs, however, these were not always reviewed every six months or sooner to ensure they reflected children's current support needs.

We have advised that these should be reviewed together as a team to support a consistent approach between staff.

This area for improvement has not been met and reinstated under 'How good is our care, play and learning?'

Previous area for improvement 2

To safeguard children and keep them safe from harm or abuse, the provider should ensure that:

- a) the child protection policy is reviewed and updated to ensure it is current and reflects best practice guidance
- b) the child protection protocol is specific to the club and includes clear procedures for staff to follow
- c) the manager and staff should make themselves familiar with chronology guidance and review all chronologies in place.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 13 May 2022.

Action taken since then

The manager had reviewed the child protection policy since the last inspection. This still required further small changes to reflect the most current guidance.

A child protection protocol was now in place which was specific to the club and included clear procedures for staff to follow.

The manager had made themselves familiar with chronology guidance. We suggested a review of all chronologies would support the manager to ensure steps are taken to ensure all children are safe.

This area for improvement has not been met and reinstated under 'How good is our care, play and learning?'

Previous area for improvement 3

To ensure the health and wellbeing of all children, the provider should ensure that:

- a) medication consent forms are in place for every child who requires medication
- b) emergency plans and protocols are in place for every child who requires long-term emergency medication

- c) these plans and consent forms must be reviewed and updated with parents at least every three months
- d) the medication policy is updated to reflect these changes in practice and to ensure it is in line with current guidance.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 13 May 2022.

Action taken since then

The medication policy had been updated to ensure it is in line with current guidance. Medication consent forms were in place for every child who requires medication, however, plans were not always being reviewed when required.

The manager should also ensure that emergency plans and protocols are in place for every child who requires long-term emergency medication.

This area for improvement has not been met and reinstated under 'How good is our care, play and learning?'

Previous area for improvement 4

To maintain the health and wellbeing of children and staff, the provider should minimise the risk of spread of infection by ensuring that:

- a) staff and children wash hands at all appropriate times
- b) face masks are worn and changed appropriately and as required.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 13 May 2022.

Action taken since then

We found no concerns with infection prevention and control processes. The service was hygienic and staff and children washed their hands at appropriate times.

Masks were no longer required to be worn under current guidance.

This area for improvement has been met.

Previous area for improvement 5

To ensure safe and consistent practice within the service, the provider should review and update all policies and procedures to ensure they are current in relation to best practice guidance.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 13 May 2022.

Action taken since then

The manager had started to review all policies and majority of significant policies contained current guidance.

The child protection policy still requires small changes and this is referred to under area for improvement 3 under 'How good is our care, play and learning?'

This area for improvement has been met.

Previous area for improvement 6

To support children to lead and extend their play through a wide range of quality experiences, the provider should ensure that:

- a) resources are reviewed and updated to offer more choice and challenge including using open ended and natural materials
- b) the manager and staff should promote and extend child led play experiences and children's interests and provide more challenging activities to promote children's problem solving, thinking and investigation.

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 can direct my own play and activities in the way 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).

This area for improvement was made on 13 May 2022.

Action taken since then

Some improvements had been made to the activities and resources available, however, a further review would provide more challenge and choice for children.

We discussed with the manager that staff still require more support to promote and extend children's play experiences.

This area for improvement has not been met and reinstated under 'How good is our care, play and learning?'

Previous area for improvement 7

In order for children to experience high quality care, the provider should establish and maintain an evidence based system to audit, self-evaluate and assess the quality of the service. From this assessment, they

should identify priorities for improvement and identify how these improvements will be achieved.

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

This area for improvement was made on 13 May 2022.

Action taken since then

An improvement plan was in place for the service taking into account previous requirements and areas for improvement. However, actions were not being completed within time lines or no evaluation of the outcomes had taken place.

The service was not yet using self-evaluation documents to support reflection, evaluation, and ongoing improvement within the service.

Children were asked for their views and included in the menu and resources choices. The service should also continue to consider ways to gain constructive feedback from parents and continue to involve children in evaluations and improvements.

A quality assurance calendar was now in place which included the planned review of personal plans, and medication reviews. This could be developed to show any recurring themes and actions taken. We suggested additional areas that should be added to this to support improvements for example an audit of accidents and incidents.

This area for improvement has not been met and reinstated under 'How good is our leadership?'

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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