

## Jennyswell OSC - Todholm Day Care of Children

Todholm Primary School  
Lochfield Road  
Paisley  
PA2 7JE

Telephone: 01418 871 930

**Type of inspection:**  
Unannounced

**Completed on:**  
26 January 2023

**Service provided by:**  
Roin Ltd

**Service provider number:**  
SP2003000993

**Service no:**  
CS2006127023

## About the service

Jennyswell OSC - Todholm was registered as a daycare of children service with the Care Inspectorate on 1 April 2011.

The service is registered to provide care for a maximum of 50 children who are attending primary school and including S1 during term time. The service is provided from a dining hall and gym hall within Todholm Primary school in Paisley, Renfrewshire. The service operates from 7am to 9am and 3pm to 6pm term-time, and, if there is sufficient demand, from 8am to 6pm during summer holidays.

## About the inspection

This was an unannounced inspection which took place on Monday 16 January 2023. The inspection was carried out by 2 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 people using the service and communicated with their parents by email
- spoke with staff and management
- observed practice and daily life for children attending the service
- reviewed documents

## Key messages

- Children experienced warm, caring, and nurturing interactions from staff.
- Children were happy, settled and engaged in play activities.
- Children were consulted in a meaningful way which resulted in them feeling respected and included.
- Personal plans should be further improved to ensure they outline how each child's health, welfare & safety needs will be met by the service.
- Medication processes should be reviewed to ensure parental permission records reflect current guidance and to ensure where children require emergency treatment an assessment of risk is undertaken.
- Quality assurance systems involving children, families and staff should continue to be imbedded to inform planned improvements.

## 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? | 4 - Good |
| How good is our setting?                 | 4 - Good |
| How good is our leadership?              | 4 - Good |
| 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?

4 - Good

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

### Quality indicator 1.1 Nurturing care and support

Children were happy and settled in the service. They were developing friendships with peers and having fun together. There was laughter and chatting heard during our visit and children we spoke with told us they enjoyed attending the service were happy with the play opportunities available to them.

A key worker system was in place to support children to build relationships. We saw happy, relaxed children who confidently approached staff, demonstrating they felt safe and secure.

Children had their own water bottles which they could fill with fresh water at any time supporting them to keep hydrated. The service provided a substantial healthy nutritious morning snack as part of the breakfast club, however only fruit was provided for children in the afternoon. On the day of our inspection only one child accessed the snack area. We discussed with the management team ways to ensure the offering of snack is attractive to children to encourage them to access snack and to ensure opportunities are provided to develop conversations and encourage social interactions. We also asked the provider to consider offering starchy food alongside the fresh fruit to help reduce time between children's snack and mealtimes.

Children were valued and respected as individuals. Staff knew children well and were caring, nurturing and responsive in their approach to children. Staff discussed children's individual personalities and needs and how these were supported by the service and had worked in partnership with children to gather information about their current needs. This included termly All about me forms, Shanarri reviews and wellbeing web self-assessments which supported staff to understand each child's daily needs and supported children to express care routines that were important to them. Whilst staff worked closely with children to identify their needs, we found that staff were not then using this information to plan individual support strategies and were not consistently consulting parents in their child's care, play and learning targets. We have asked that the approach to personal planning is reviewed (area for improvement 1).

Where children had identified medical needs, staff were aware of what this was and how it should be managed. However, we found that medication procedures required to be reviewed and improved. On the day of inspection, the parental permission to administer emergency medication for one child could not be located and where children who had parental permission to self-administer medication, it was not clear how the risks involved had been assessed to ensure medication could be located quickly. In addition, parental permissions require to be reviewed and updated in line with current guidance (area for improvement 2).

### Quality indicator 1.3 Play and learning

Staff listened to children and encouraged conversations to support play. We observed staff supporting children to develop and maintain friendships, take turns and regulate their emotions. Staff were confident when to intervene in play to guide children in positive play creating a respectful ethos.

The introduction of head pupil for each key group and the recently established children's committee enabled children to influence service delivery. During our visit we saw children voting on physical activity and staff used this process to listen to children and support them to manage expectations, ensuring children's rights to have their say on leisure and play experiences.

We saw children lead their play, they were happy and confident as they took part in activities. Resources were available for them to explore independently, such as board games, crafts, and a computer console. On the day of inspection, a planned art experiences was set up which children could choose to participate in. Whilst some children enjoyed this and staff showed a genuine interest in children's work supporting them to finish their creations, we found this activity limited children's natural curiosity and creativity and some children would have benefitted from more challenge to extend their play and help them meet their potential. Further staff development on planning for and extending children's play will help support children's achievement and satisfaction.

Planning approaches were a balance of intentional and responsive, centred around individual interests of the children. Floor book planning formats reflected the range of activities children had experienced after school and we saw that photographs of some experiences were shared with parents through a closed Facebook group. However, we found that further improvements were needed to the quality of the weekly planning evaluations. The manager should continue to offer support to staff to ensure they feel confident and competent to evaluate children's learning, identifying new skills learnt and planning how to enhance future experiences.

### Areas for improvement

1.

The provider, manager and staff, should ensure that all children have a detailed personal plan that sets out how their health, welfare and safety needs will be met. Personal plans should be developed in partnership with children and parents and should be reviewed and evaluated at a minimum of six monthly intervals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. The provider, manager and staff should ensure children's health and safety in relation to safe storage and administration of medication. In order to achieve this, the provider should review best practice guidance; 'Management of Medication in Daycare of Children and Childminding Services' and ensure action taken includes, but is not limited to;

(a) ensure all medication is stored safely, and staff can quickly locate medication and appropriate consent and dosage instructions,

(b) ensure parental permission is in place and a process is developed to ensure medication is signed in and out of the premises, if parents take it away,

(c) ensure risk assessments are implemented that detail all considered risks and mitigations for children requiring emergency medication; and

(c) ensure effective quality assurance processes are in place and monitored by management to ensure the safe management of medication.

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

## 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.

#### **Quality indicator 2.2 Children experience high quality facilities**

Children's information was stored securely with the manager and senior practitioner authorising any access ensuring confidentiality was maintained.

Staff carried out visual checks of the environment and risk assessed all areas accessed by children to ensure they were safe. Written risk assessments were in place to support this, recording any risks and how they were minimised. Children were supported to consider some risks in their planned play experiences and staff spoke of plans to develop this further through everyday experiences such as introducing and supporting children to explore construction tools.

Children experienced a welcoming environment where they were cared for and had ample space to play and have fun. The main playroom was clean, bright, well maintained and had some of children's work displayed supporting a sense of belonging.

Children benefitted from daily use of the school gym hall to engage energetic play and we observed them having fun playing football. Staff told us that children accessed outdoors most days, however, on the day of inspection, children did not access the outdoor play space. Children told us that they accessed outdoors "sometimes" and "mostly during warmer weather". Staff should ensure outdoor access is always available to children and consider implementing a system that enables children to choose to play outdoors at a time that benefits their needs and preferences. The service should also continue with their plans to provide a forest experience for children and improve children's access to their wider community to support a sense of community involvement.

Whilst we recognise the main play space was resourced with tabletop activities such as board games, Lego and adult supported craft activities, we found that children would benefit from the provision of quiet and cosy spaces to relax and spend time alone should they wish to. In addition, further spaces for children to explore sensory and imaginative play would further enhance children's play experiences. The implementation of a loose parts play approach would also further improve the play environment by allowing children to explore natural, open-ended materials and develop skills in problem solving.

## How good is our leadership?

### 4 - Good

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

#### **Quality indicator 3.1 Quality assurance and improvement are led well**

The staff team was recently established and had prioritised getting to know each other which had built respectful working relationships. The manager was supporting the staff to have a shared vision values and aims for the service.

Families spoke positively of the regular service updates they received through social media, emails, texts and daily verbal communication. This approach helped families feel included in their children's daily experiences.

Regular staff meetings enabled the staff to meet to discuss service provision, plan play experiences and

discuss the needs of individual children. This resulted in all staff having an understanding of children's daily care needs and how these should be met.

Quality assurance processes including regular monitoring and self-evaluation tasks had been introduced. The manager shared with us their plans to further imbed these into practice. We discussed with the management team how further involving staff, children and parents within these processes would ensure a culture of continuous improvement informed by the views, wishes and aspirations of stakeholders. This supports a shared vision for the service and strengthens trusting relationships.

Staff consulted with children throughout the session, responsively acting on their ideas and including them in decision making. We found that children had been involved in the development of the pupil council and that mind maps had been used to get children's ideas and suggestions for activities. However, on one occasion we found that children's views had been sought on how to improve the indoor play areas and no action had been taken to ensure these views informed improvements. Staff should ensure that when children have been consulted their views are consistently respected and acted upon. When children's ideas cannot be implemented timely, for example, purchasing expensive resources, this should be communicated with children.

## 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.

### Quality indicator 4.3 Staff deployment

Staff caring for children were safely recruited and registered with the Scottish Social Services Council (SSSC). The provider and manager successfully managed unplanned absence to minimise disruption to children's routines and care.

Staff were deployed appropriately throughout the service, which ensured children were safe and cared for. Children's transitions had been considered with consistency in staff and by offering a visit to the service prior to starting. This enabled continuity of care and supported children to feel welcome and included within the service.

Staff communicated well with each other, and the use of walkie talkies ensured tasks were carried out without any disruption to children. Staff presented as happy in their work, were respectful towards each other, flexibly working together as needed. This contributed to creating a nurturing space for children.

A planned approach to professional development reviews supported staff to feel listened to. Staff told us they felt that their wellbeing was prioritised and they placed value in the opportunities provided to them to speak with their manager. We discussed with the manager how the structure of the reviews could be enhanced to ensure the celebration of staff successes and achievements and to support reflection to identify areas for further development. The manager agreed that improvements would allow them to track staff's progress within key skills.

Whilst we found that staff were deployed effectively to meet staff to child ratios, we recognised that more effective use could be made of the differing knowledge, skills and experience of staff to instil leadership at all levels and support staff to take ownership to further improve areas of the service. We signposted the manager and staff team to SSSC's play based training modules and leadership resources available at [www.sssc.uk.com](http://www.sssc.uk.com).

## 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 that information about children's needs is current and comprehensive, and is used effectively to plan for their needs, we recommend that arrangements for personal planning are improved.

National Care Standards Early Education and Childcare up to the Age of 16, Standard 3, Health and Wellbeing and Standard 4, Engaging with Children.

**This area for improvement was made on 30 August 2017.**

#### Action taken since then

We found that some improvements had been made to personal planning. Children were now involved in identifying their own needs and regularly reviewing any support they required. However, we found that staff were not using the information gathered to plan for children's needs and that parents were not consulted in their child's plan.

Whilst we recognised that some improvements had been made, we have repeated personal planning as an area for improvement within this inspection report. Some amendments were made to the wording of the area for improvement to ensure clarity for the provider. See Key question 1: How good is our care, play & learning.

#### Previous area for improvement 2

To improve the range of appropriately challenging and interesting activities for all children, staff should develop planning processes and ensure that children are fully involved in these.

National Care Standards Early Education and Childcare up to the Age of 16, Standard 4, Engaging with Children and Standard 5, Quality of Experience.

**This area for improvement was made on 30 August 2017.**

#### Action taken since then

Planning processes had been reviewed and improved. Children were now fully involved in planning for play. We discussed with the management team how this could now be improved further by staff improving their knowledge and understanding of purposefully evaluating children's experiences.

We concluded that this area for improvement was met.

#### Previous area for improvement 3

We recommend that training opportunities for staff are developed to support their knowledge and understanding of providing a quality play environment for older children.

National Care Standards Early Education and Childcare up to the Age of 16, Standard 5, A Caring Environment and Standard 12, Confidence in Staff.



This area for improvement was made on 30 August 2017.

#### Action taken since then

We found that all staff had undertaken a wide range of training and self-directed study relevant to their role and as a result improvements had been made to children's play and learning experiences.

We concluded that this area for improvement was met.

#### Previous area for improvement 4

To ensure the service operates effectively, and to support the on-going development of quality standards and positive outcomes for children, we recommend that quality assurance processes are developed and implemented.

National Care Standards Early Education and Childcare, Standard 14, A Well Managed Service.

This area for improvement was made on 30 August 2017.

#### Action taken since then

Quality assurance processes had been introduced and implemented. During this inspection we discussed with the management team how these could be improved further by routinely involving all stakeholders.

We concluded that this area for improvement 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](http://www.careinspectorate.com).

## Detailed evaluations

|  |          |
|--|----------|
| How good is our care, play and learning?           | 4 - Good |
| 1.1 Nurturing care and support                     | 4 - Good |
| 1.3 Play and learning                              | 4 - Good |
| How good is our setting?                           | 4 - Good |
| 2.2 Children experience high quality facilities    | 4 - Good |
| How good is our leadership?                        | 4 - Good |
| 3.1 Quality assurance and improvement are led well | 4 - Good |
| How good is our staff team?                        | 4 - Good |
| 4.3 Staff deployment                               | 4 - Good |

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