

# Bishopton Out of School Care - Cornerstone Day Care of Children

Cornerstone Church  
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Bishopton  
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**Type of inspection:**  
Unannounced

**Completed on:**  
2 February 2023

**Service provided by:**  
WACA Scotland Limited

**Service provider number:**  
SP2014012411

**Service no:**  
CS2018368316

## About the service

Bishopton Out of School Care - Cornerstone is a day care of children service registered to provide a care service to a maximum of 50 school aged children from 4 years to 16 years, term time only.

The out of school care service operates from a church hall in Bishopton, Renfrewshire. The service has exclusive use of the upper level of the church hall during operating times, and has use of the downstairs toilets and car park for outdoor activities.

## About the inspection

This was an unannounced inspection which took place on Thursday, 26 January and 2 February 2023 between the hours of 14:45 and 17:15. The inspection was carried out by one inspector 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;
- received feedback by email from twelve families;
- received feedback by email from four staff;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Children experienced nurturing care and support from a staff team who respected each child as an individual.
- Management had plans for parents to review their child's care plan to support them to feel included in their child's care, play and learning.
- The staff should continue to use relevant guidance documents to support children's experiences and outcomes and to evaluate and improve the service.
- Management had plans to improve the play and learning environment to meet all children's needs, choices and wishes.
- Children had access to the outdoors daily, which offered space to enjoy various physical activities.
- Quality assurance systems support children's health, safety and welfare.
- Management plans to involve parents and carers more in developing and evaluating the service.
- The staff team could further develop training evaluations by recording the impact and outcomes for children.
- The staff feel supported by the management team.
- Good working relationships amongst staff ensured a positive ethos for children attending the service.

## 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 made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support.

Children experienced nurturing care and support from a staff team who respected each child as an individual. Staff were kind and responsive in their approach, which met children's wellbeing needs. Children could tell us who would help them if they needed support. One parent described staff as "incredibly warm, friendly and supportive"; other parents told us that staff were approachable and accommodating. As a result of the positive relationship between staff, children and their families, the children were happy and settled at the service.

Children's care plans included the Getting it Right for Every Child (GIRFEC) SHANARRI wellbeing indicators, which are safe, healthy, achieving, nurtured, active, respected, responsible, and included. The staff completed the child's care plan with the child and reviewed these every six months. The plan outlines how the service would meet the child's assessed needs, including their wishes and choices. We discussed ways the children could have ownership in completing the care plan; for example, recording information where appropriate in their 'all about me'. Feedback from one parent told us, "Reviews of care plans do not exist for after school care." Another parent said, "I'm unsure of this, perhaps because we're still quite new to the service." The provider told us about the new arrangements for parents to review their child's care plan during drop-in sessions. This approach will support parents to feel included in their child's care, play and learning.

The snack time was a social experience for children and an opportunity to build peer relationships. Children were encouraged to make their snacks, promoting their independence. The snack menu accounted for children's likes and dislikes, and current nutritional guidance and options were mainly healthy. Staff consulted children on menu options which was a basis for the shopping list. The service shared the menus with the parents. Feedback from one parent told us, "The menu looked very healthy and nutritious." Another parent commented, "Children have the choice of sandwiches, wraps, fruit and crisps."

Procedures for storing and administering medication were in place and in line with best practices, contributing to children's overall health, wellbeing, and safety. During the inspection, two children had medication safely administered.

### Quality Indicator 1.3: Play and learning

The indoor environment offered most children access to a range of play and learning resources which suited their age and stage of development. We observed children choosing activities to participate in; this included arts and crafts, an electronic device, a pool table and making jewellery from loom bands. We saw children lead their play; they were happy and confident as they participated in various activities that stimulated their curiosity, learning and creativity.

To meet older children's play and learning needs, we asked the manager to review the environment provided. For example, their own space where they can chat and relax with their friends. The provider told us they had included this in the questionnaire for parents, so they could discuss this matter further with

their child before making any improvements.

We saw floor books where staff recorded children's play and learning observations. We discussed ways the children could document what they learned; this inclusive approach will further raise children's self-esteem and confidence and promote their communication and literacy development. We discussed how the staff could link the care, play and learning and children's experiences and outcomes to relevant guidance, such as the Health and Social Care Standards, Playwork Principles and the UN Convention on the Rights of the Child to support their childcare practice and provide better outcomes for children.

Children had access to the outdoors daily, which offered space to enjoy various physical activities. For example, children played football and basketball and worked together to arrange the different games. The unstructured play experiences allowed children to extend their play and use transferable skills learned. As a result, the children had fun. We asked the children if they could think of anything that could be better at the service. Most children could not offer any suggestions. However, feedback from one child told us they would like large goal nets as they enjoyed playing football in and outwith the service.

### How good is our setting?

**4 - Good**

We made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement.

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

We found the service to be secure, welcoming and clean. The staff ensured that children were kept safe by conducting daily checks of indoor and outdoor play and learning environments using risk assessments to check all areas. The clear procedures supported a consistent approach across the service.

We discussed how the staff team could develop risk evaluation further by including the risk benefits children experienced daily and involving children in the documentation process, allowing them to take appropriate risks and make their own judgments.

Feedback received from one parent told us, "Robust routines are in place for the safe pick up of the children, and the service is well maintained with ample resources." Another parent commented, "I've not had the opportunity to see inside the church where they play, but the school building is always being cleaned at my collection time!"

We spoke to the staff about the importance of parents being allowed inside the building to see the facilities offered. The provider told us that parents were allowed into the service at any time and would inform them of this in writing so that everyone was aware and included.

We were satisfied that the service had appropriate infection control procedures to minimise the potential spread of infection to maintain a clean environment and good personal hygiene.

### How good is our leadership?

**4 - Good**

We made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement.

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

We found quality assurance policies, including staff recruitment, infection prevention control and child protection, were reviewed and updated to consider how the service will meet children's health, safety and welfare.

The management team monitored and audited the service to support its continued development. Children and parents were involved in evaluating the service through discussions, emails, and more formal methods such as questionnaires. One parent's feedback told us, "The staff are very approachable, so I would be happy to give any feedback they needed or suggest anything I think could be better." Another parent commented, "I've not filled in evaluations of the service yet but have only been using the service for five months." The provider has since issued questionnaires to existing parents and carers to allow them to contribute to developing and evaluating the service.

The provider, manager and staff had good knowledge of 'A quality framework for day care of children, childminding and school aged childcare' to support the culture of self-assessment and used the tool to develop the service improvement plan. Feedback from one parent told us, "It would be good to be part of their improvement plan; not sure if they have one." The provider acknowledged that more in-depth involvement and opportunities for parents to be involved would strengthen the processes and has plans to support this.

Regular staff meetings and professional development reviews allowed staff to review the quality of the service, share ideas and evaluate the effectiveness of training in their childcare practice. We discussed ways the staff team could further develop training evaluations by recording the impact and outcomes for children. The provider agreed and has plans to discuss this further at staff development meetings.

Staff told us that they felt supported by management, who were approachable. As a result, staff were happy to be at their work.

## How good is our staff team?

4 - Good

We made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement.

## Quality Indicator 4.3: Staff deployment

The staff engaged well in the inspection process and were open and honest. Staff had registered with the Scottish Social Services Council (SSSC), and for some staff, this included the necessary qualifications required to meet their conditions of registration.

The management team recognised the importance of ensuring staff deployment was consistent to plan and meet children's needs. We could see good working relationships amongst staff, ensuring a positive ethos for children attending the service.

A strength of the service was the positive relationships with children and families. Feedback from one child told us the staff were kind, helped them do stuff and were fun. One parent commented, "All the staff know my children well and have an excellent rapport with them."

Feedback from most parents told us they received good communication about their child's care, play and learning at handovers or by email and newsletters. However, one parent said that conversations at handovers were limited. The provider agreed to review how parents receive information so that all parents feel included in their children's experiences and to assist staff further in meeting children's and families' needs.

## 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 and staff should ensure that children's personal plan information is complete, reviewed, and updated where appropriate to support children's wellbeing and care needs. The personal plan should include, but is not limited to:

- Being reviewed at least once every six months or more when required.
- Management review all information held in personal plans and support plans.
- Staff demonstrate appropriate best practices when completing entries and changes to children's care and support plans.

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).

**This area for improvement was made on 10 December 2021.**

#### Action taken since then

The staff updated and reviewed the children's care plans with children once every six months or when needed. In addition, the management team audited the information to ensure it supported children's choices, wishes and health, safety and welfare.

This area for improvement has been met.

#### Previous area for improvement 2

The service should ensure that policies and procedures reflect current best practice guidance to support children's health, safety, and wellbeing. This should include, but is not limited to:

- At least every three months, medication consent forms are reviewed to check that medication is still required, and the signs/symptoms for administration and dose has not changed.
- Information is recorded within the administration form and personal plan to reflect the child's current health needs.

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).

**This area for improvement was made on 10 December 2021.**

## Action taken since then

Medication was safely stored and administered in line with best practices to support children's health, safety and welfare.

This area for improvement has been met.

## Previous area for improvement 3

To ensure that children receive high levels of care, play, and learning, staff should continue developing their knowledge and understanding of best practice guidance and using this to improve their practice. Information can be found at <http://hub.careinspectorate.com>.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I receive high-quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11), and '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).

**This area for improvement was made on 10 December 2021.**

## Action taken since then

Staff were familiar with best practice guidance to improve their knowledge and skills and support better outcomes for children.

This area for improvement has been met.

## Previous area for improvement 4

To positively impact children's outcomes, the manager must implement a robust quality assurance system, including undertaking regular audits across the service. This should include but is not limited to regular auditing of

- Care plans and their contents
- Medication
- Accidents and incidents
- Staff discussions/meetings.

This is to ensure 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), and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 10 December 2021.**

## Action taken since then

The management team had implemented a robust quality assurance system, where they completed regular audits across the service to ensure the maximum benefits for children in their care.



This area for improvement has been 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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