

Alloway After School Club Day Care of Children

Life Long Learning Suite
Alloway Primary School
16 Doonholm Road, Alloway
Ayr
KA7 4QQ

Telephone: 07857 115 911

Type of inspection:
Unannounced

Completed on:
31 March 2023

Service provided by:
Alloway After School Club Committee

Service provider number:
SP2003001090

Service no:
CS2003005138

About the service

Alloway After School Club is registered as a day care of children service. It is registered to provide a care service to a maximum of 30 children attending primary school. The service operates during term time only. It is located in the lifelong learning suite adjacent to Alloway Primary School in Ayr, close to local parks, shops and other amenities.

About the inspection

This was an unannounced inspection, which took place on 27 March 2023. To prepare for the inspection, we reviewed information about the service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- observed practice and daily life;
- spoke with children using the service;
- reviewed documents;
- spoke with the manager and the staff team; and
- emailed parents/carers to gather their views and feedback.

Key messages

- There were a few missed opportunities during routine activities for staff to develop trusting relationships with children.
- Children were mostly engaged in purposeful activities.
- Staff should consider ways to ensure children have free flowing access outdoors.
- We found there was the start of an improvement plan in place; this needs to be further developed.
- A process for staff appraisals provided opportunities for staff to celebrate their successes.

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

Quality Indicator 1.1: Nurturing care and support.

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

Children were relaxed and happy within the service and they confidently approached staff, which demonstrated they felt safe and secure. They had developed positive friendships with peers and relationships with staff.

The service was clean and clutter free; however, we ask that the service reviews appropriate infection control procedures for hand washing. Most children were asking why they needed to wash their hands and saying, "We don't normally need to do this." The manager should ensure that hand hygiene is being monitored to ensure consistency by all staff and children.

Children had personal plans in place which recorded important registration details, and some information about their likes and preferences. Children's needs were not always met as there was limited understanding of how to support children's emotional wellbeing. We discussed how to further develop the plans to ensure they are meaningful, working documents, with increased involvement from children. These should identify strategies on how to support each child, and children should be fully involved in the assessment of strategies to ensure their needs are being met. The manager agreed to review these to ensure personal plans enhanced children's experiences and outcomes. This area for improvement was identified at the previous inspection and has been carried forward. (See area for improvement 1.)

Staff did not sit with children at snack; this was a missed opportunity to develop trusting relationships. The service should now consider how to promote important independence skills as their snack was biscuits and served to them. This is not in line with NHS Setting the Table guidance on healthy eating. We discussed this with the service and asked them to review their snack routine to enable children to self-serve and be fully involved in planning healthy, nutritionally balanced options. This would increase children's independence and confidence. (See area for improvement 2.)

To help ensure children received the care that was right for them, medication was stored correctly and safely. We were satisfied all staff were confident and clear on medication procedures, helping to support children's health and wellbeing.

Staff fully understood the role they played in keeping children safe and protected from harm and had undertaken recent child protection training.

Quality Indicator 1.3: Play & learning.

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

Staff were positive role models to children during play. They listened to and encouraged conversations and joined children in activities showing a genuine interest in them and knowing when to intervene to guide them in positive play. This helped to create a respectful ethos within the service.

Children were mostly engaged in purposeful activities. They confidently explored the spaces and resources

available to them. Staff were skilled at recognising when children were not engaged and reacted to this appropriately. For example, we observed staff offer group games and physical activity in response to children's cues for further stimulation. Parents told us, "My children enjoy their time there and have made friends with teachers and other pupils." This supported children to be included and have fun.

The indoor environment offered children access to play resources which mostly suited their stage of development. Children should be offered further opportunity to engage in challenging play and learning activities suited to their interests and stages of development. This will ensure every child's achievement and satisfaction during play.

We found that planning systems did not evidence how children's interests were used to influence play and learning experiences or demonstrate how children were provided with appropriate support or challenge. The manager and staff should review the planning processes to ensure play and learning could evidence where children's voices and interests had led to planned experiences and by staff undertaking a robust evaluation of learning which identifies new skills learned and next steps for individual children. This would promote children's problem solving, curiosity and creativity. (See area for improvement 3.)

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 or sooner where required.

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 manager and staff should review and improve the snack experience so children are included. The manager should also ensure snacks are healthy and develop an eating policy and share this with all stakeholders to promote children and young people's understanding and enjoyment of healthy snacks.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can choose suitability presented and healthy meals and snack, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

3. To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. Children's ideas, wishes and interests should inform planned play experiences and should be evident within the observation, assessment and planning cycle. The provider, manager and staff should ensure that information about children's development and learning is consistently recorded and shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education' (HSCS 1.27); 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

Quality indicator 2.2: Children experience high quality facilities.

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

Staff carried out visual checks of the environment daily and risk assessed all areas of play to ensure they were safe for children. Written risk assessments were in place to support these checks, recording any risks and how they were minimised.

The children had access to a playground which enabled children to benefit from fresh air and energetic play after their school day. This should be on offer every day. Staff should consider ways children have free flowing access outdoors for the duration of their session. We asked that they consider ways to improve this; for example, using radios to support communication with the outdoor play space to maximise children's play experiences outdoors, supporting their health and wellbeing. Parents said, "On dry days they use the school playground to play games, etc. On wet or cold days, they are in a secure room."

Some play activities were offered to children within the service and within the local community. This offered children the opportunity to develop an understanding and sense of the world around them. However, play experiences could be further developed with the offering of natural and open-ended materials. The 'Loose parts play: A toolkit' available on the Care Inspectorate HUB would support this by encouraging children to develop their imagination and critical thinking skills.

There were arrangements in place for maintenance and repair of the setting; however, some resources do need replaced as a lot of the outdoors resources were tired and broken. Damaged items were promptly disposed of on the day of inspection. Staff should include the children in the choosing of new resources to help link with their interest and to give increased ownership of their play and learning.

We found that the overall presentation of the main playroom needed to be improved to provide a calming play and learning environment for children. For example, we saw no areas where children could be cosy within and relax. In addition, no children's work was on display. The manager and staff should improve the presentation of the indoor play environment to ensure children's emotional, intellectual and social development is supported by a calm, natural environment that lowers stress levels and supports positive wellbeing. This area for improvement was identified at the previous inspection and has been carried forward. (See area for improvement 1.)

Areas for improvement

1. The provider, manager and staff should ensure that there are quiet, restful areas available for children to use throughout the session. This applies to the indoor and outdoor areas.

This is to ensure that care and support is consistent with the United Nations Convention on the Rights of the Child (UNCRC) Article 31 which states that: 'I have the right to relax and play'; and This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

How good is our leadership?**3 - Adequate****Quality indicator 3.1: Quality assurance and improvements are well led.**

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

Children and families benefitted from a service that recognised and valued their involvement. Verbal discussion and online questionnaire provided opportunities for responsive feedback, and parents told us they were regularly consulted by questionnaires to gather their opinions of the service. A parent said, "They pass on comments about what they've been up to in the club and who they play with."

The staff team would benefit from staff meetings to discuss children's experiences, to evaluate children's learning and plan improvements. These meetings should be documented to be part of a robust quality assurance system.

A role of the pupil council could be developed. This would empower children within the service and ensure where children's views have been sought; this consistently informs improvement plans.

We found that there was the start of an improvement plan in place; this needed to be further developed. The manager should develop a clear strategy to achieve future improvements that is informed by the views and wishes of all stakeholders and evaluate the impact of changes. This will enable them to lead the service to make and sustain improvements that support positive outcomes for children and their families.

The quality assurance systems were at an early stage and needed to be further improved. We found that there was not a process in place for monitoring children's experiences and staff practice. The management team should develop and implement a system for monitoring the quality of the service. This should include developing a monitoring calendar which identifies actions and notifications for Care Inspectorate to be undertaking by management and staff. In addition, self-evaluation processes should be further improved to reflect current service delivery and should involve all stakeholders to ensure planned improvements are formed from the aspirations of staff, children and their families. This area for improvement was identified at the previous inspection and has been carried forward. (See area for improvement 1.)

To further support a quality service for children, practice and processes should be benchmarked against current best practice. We referred the service to some best practice documents in the Care Inspectorate's website, The Hub, for ideas and inspiration, such as 'My Active World' (Care Inspectorate 2022) and 'Out to Play' (Care Inspectorate 2021). These can be added into the service improvement plan so that actions can be delegated, monitored and reviewed for effectiveness.

Areas for improvement

1. The provider and manager should establish robust, regular and systematic quality assurance processes to recognise achievements and identify key next steps in development.

This is to ensure that 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?

3 - Adequate

Quality indicator 4.3: Staff deployment.

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

The staff team worked well together and were courteous and respectful to each other. This provided a happy and relaxed environment for children.

Some staff were experienced in working with school age children. Through discussion, they demonstrated a commitment to support children and families by promoting positive interactions and building relationships. We observed staff interacting respectfully with children and parents and, as a result, families felt valued. Parents told us, "I feel that my child's needs are being met, the staff all know and understand him and that's important to me."

A process for staff appraisals provided opportunities for staff to celebrate their successes, identify areas for improvement and training opportunities. Core training had been completed, however, we found that staff were not implementing new skills and learning acquired from their training. Staff would further benefit from developing evaluation of training and the impact on their practice and experiences and outcomes for children to ensure achieve their potential. This area for improvement was identified at the previous inspection and has been carried forward. (See area for improvement 1.)

Staff had some understanding of how to support children's varied developmental stages and were enthusiastic in their approaches when joining play experiences. Children told us that they enjoyed attending the service, staff were friendly and that the staff took care of them. Parents agreed, commenting; "Overall, I am very pleased with the service, mainly because my son is very happy there. He's treated fairly and with respect, they give him the freedom to choose what he would like to do and after a busy day at school that is exactly what he needs."

Areas for improvement

1. The provider and staff should access training sessions to further increase their knowledge of the play process. Staff should be supported and encouraged to reflect on how the training they have attended impacts on the service, the children and/or their families.

This is to ensure that 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 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 or sooner where required.

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 15 September 2021.

Action taken since then

All children had a personal plan in place that had the essential information necessary to contact families when this was needed. Some children's plans had details about their own individual needs, for example, medical requirements.

There was still a need to continue developing plans, to ensure they were meaningful, working documents, with increased children's involvement. The manager and staff identified some procedures that were in place to support individual children's emotional wellbeing that had been discussed with parents.

The service should ensure they are identifying strategies that support children to understand and express their emotions.

These should be consistently recorded and reviewed at least every six months to recognise achievements and progress made. Personal plans should support the staff team to plan to meet children's individual needs and interests and promote consistent care and support.

This area for improvement was not met and has been carried forward in this report. See area for improvement 1 in 'How good is our care, play and learning?'.

Previous area for improvement 2

The provider, manager and staff should ensure that there are quiet, restful areas available for children to use throughout the session. This applies to the indoor and outdoor areas.

This is to ensure that care and support is consistent with the United Nations Convention on the Rights of

the Child (UNCRC) Article 31 which state that: 'I have the right to relax and play' and the Health and Social Care Standards (HSCS) which state that: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 15 September 2021.

Action taken since then

Limited progress had been made to achieve this area for improvement. The manager and the staff shared that they had tried a tent but this had been unsuccessful. We have suggested they look at other services for ideas of high-quality environments and if the children had free flow access to outdoors it would be calmer inside and the development of a cosy quiet space would be easier to implement.

This area for improvement was not met and has been carried forward in this report. See area for improvement 1 in 'How good is our setting?'.

Previous area for improvement 3

The provider and manager should establish robust, regular and systematic quality assurance processes to recognise achievements and identify key next steps in development.

This is to ensure that 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).

This area for improvement was made on 15 September 2021.

Action taken since then

Limited progress had been made to achieve this area for improvement. There was a notebook with improvement ideas documented but no process to measure the impact of changes made. This should demonstrate evidence of achieving improved outcomes for children attending the service.

This area for improvement was not met and has been carried forward in this report. See area for improvement 1 in 'How good is our leadership?'.

Previous area for improvement 4

The provider and staff should access training sessions to further increase their knowledge of the play process. Staff should be supported and encouraged to reflect on how the training they have attended impacts on the service, the children and/or their families.

This is to ensure that 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).

This area for improvement was made on 15 September 2021.

Action taken since then

Some staff had undertaken training including infection prevention and control, and autistic individuals communicate. There was still a need to strengthen practice. Further learning and development opportunities should be created to ensure staff use and understand best practice documents that underpin their practice.

This area for improvement was not met and has been carried forward in this report. See area for improvement 1 in 'How good is our staff team?'.

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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