

# Westend Adventure Kelvindale Day Care of Children

Kelvindale Primary School  
11 Dorchester Place  
GLASGOW  
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Telephone: 0141 266 0084

**Type of inspection:**  
Unannounced

**Completed on:**  
22 June 2023

**Service provided by:**  
Glasgow West End After School Care  
CIC

**Service provider number:**  
SP2019013313

**Service no:**  
CS2021000184

## About the service

Westend Adventure Kelvindale is registered as a daycare of children service. It is registered to provide a care service to a maximum of 80 children attending primary school. All children attending the service attended Kelvindale Primary School in Glasgow where the service is based.

The service is registered to provide care during term-time and school holidays. Children can also access adventure sessions at one of the provider's other services, Westend Adventure Milngavie.

The service is based within a stage area and dining hall in the school. It also has use of multiple outdoor areas including the playground, the multi-use games area and the woodland.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 June 2023 between 3pm and 6pm. Feedback was provided by a virtual meeting, using Teams, on 22 June 2023. Two inspectors carried out the inspection.

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 service was registered.

To inform our evaluation of the service we:

- observed practice and daily life
- spoke with 20 children using the service
- gathered views from three parents
- reviewed documents
- spoke with the manager and the staff team.

## Key messages

- Children were well-supported by the staff team; they had developed positive relationships.
- Children were playing and having fun and there was a range of play opportunities available.
- Medication should be reviewed in line with current best practice.
- The provider should address any maintenance issues with the landlord to ensure a safe and secure environment for children.
- The manager should develop quality assurance systems to support the development of the service.
- Children would benefit from the service having more staff and staff who were qualified in play-based training.

## 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 quality indicator as good where there were important strengths.

Relationships between children and staff were nurturing and caring and staff had built meaningful relationships with children and families using the service. Children shared with us what they liked about staff. They told us that staff were kind and they were fun. Comments included, "We like them, they play games with us and make us snack." Children said there was always someone that they could talk with. This contributed to positive attachments which made children feel safe and secure.

Where children had additional needs identified within their personal plans, they were supported by staff. Senior staff were skilled in their approach to supporting children when they were dysregulated or needed extra care and support. Senior staff had shared skills and knowledge with staff about de-escalation techniques with a nurturing and trauma informed based practice. Children benefited from this approach. The provider should now develop ways to support the staff team to develop these skills further. Training was planned for October 2023 for behaviour management. The provider should consider having more consistent staff in place to ensure they meet the individual needs of children.

Personal plans were in place for each child. These were developed to support staff to engage and support children in a way that supported children's individual needs. Staff highlighted ways they had offered individual support, for example small tents for quiet spaces, links with parents and offering specialised support where needed. We asked the manager to review and expand on the information within children's personal plans. Instead of listing the areas they want to support, it would be best practice to highlight the strategies they intend to use to support children. For example, what can help? Who are the key staff that can support children? This will contribute to keeping people working with the children informed about supporting children's health and wellbeing.

Children had access to a healthy snack at the beginning of the session and drinks and extra food was available throughout the afternoon. Children could help themselves and replenish water bottles regularly. Children told us they enjoyed the snack available and were involved in planning the menus. We signposted the service to best practice guidance in relation to the snack experience for children. There could be further opportunities for children to be more independent by serving and preparing their own snack. Staff had attended food and hygiene training. This meant that they followed best practice in relation to serving food.

Staff had participated in child protection training. They completed this as part of the induction process and they updated their skills and knowledge regularly. Staff demonstrated that they were aware of their responsibilities and procedures in relation to child protection. There were key policies and procedures in place to keep children safe.

We reviewed medication in the service and found it to be stored securely. Individual medication bags were used. The manager should ensure that children's individual bags are easily identifiable from the outside of the bag and are clearly labelled with each child's details. We could see that some medication had been reviewed, however this was not always recorded. The manager should ensure that when medication has been reviewed, parents sign and date their confirmation of the review. This is in line with current best practice guidance (see area for improvement 1).

### Quality indicator 1.3: Play and learning

We evaluated this quality indicator as adequate where strengths just outweighed areas for improvement.

Children appeared confident and happy, and they were having fun at the service. When playing indoors, children could choose to play with a range of table top games, drawing and construction. They spent time in small groups playing imaginative games and talking with friends. The outdoor area was where children spent most of their time. They had access to multiple spaces that provided a range of different play opportunities. Higher quality play experiences, where children could lead their own play, were more evident outdoors, particularly in the woodland area. Children enjoyed using the natural resources and outdoor environment to spark their curiosity and imagination. Children were excited by the high energy and challenging activities. They told us they enjoyed physical play. They also told us that they enjoyed playing in the woodland. Children's experiences could be further enhanced by having more staff in place to use the extensive outdoor area to its full potential. They would also benefit from having staff with good core skills in relation to offering nature-based natural outdoor play experiences as noted in the service's aims and objectives.

A planning sheet was in place for planned activities; we saw that the same experience was offered all week. We reviewed some evidence of children being consulted about snacks, activities and their play ideas. The records of these were not consistent and used effectively to influence the daily plan. The manager and staff team should continue to gather children's ideas and use these to influence the experiences on offer. Reflecting on the approach that is used to display children's ideas would support the planner to represent the group interests the children may have.

The staff team was nurturing in its approach. Staff responded to children's requests and needs. They celebrated children's achievements within children's personal plans. There were some missed opportunities to extend and challenge children's play. Some staff were not skilled enough in observing children's play interests, providing appropriate resources, and using effective questioning to extend children's thinking. The manager and provider should consider play-based training that supports the staff practice to be more informed by current theory and evidence-based approaches.

### Areas for improvement

1. All medication should be reviewed with parents in line with best practice guidance and with the service policy and procedures. This will ensure that medication that is stored for children is current and meets their health and wellbeing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17) and "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23).

## 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 just outweighed areas for improvement.

The service made use of the play spaces available to them across the school and outdoor areas. Children played outside in the playground. The playground had a multi-use games area and a large woodland easily accessible to the children. The venue was clean and well-maintained. There were staff available to ensure that toilets were checked and cleaned regularly and that the spaces children were playing in were safe and secure.

Children could choose to play both indoors and outdoors, freely accessing the play spaces. The use of walkie talkies allowed the children to move around the play spaces easily. There was a range of play equipment and resources to cater for the needs and interests of the children. Children told us they liked playing mostly outdoors. Other children shared that they enjoyed playing with natural resources, like sand. Outdoors in the woodland, there had been some extended outdoor opportunities including fire building. Children knew what was available to them and had some involvement in planning for their own play. Risk assessment procedures were in place. Staff undertook daily checks of the building and the outdoor areas. This helped support staff to show how they had identified and removed or reduced risks to children while attending the service. Further consideration should be given to the identified boundaries of the woodland area to ensure that children can play safely under supervision from skilled staff.

More consideration could be given to providing exciting and challenging outdoor play experiences and allowing children opportunities to explore their natural environment. We signposted the service to the best practice guidance My World Outdoors. As highlighted previously, upskilling staff in outdoor nature-based play will extend the opportunities for children and link to the service aims and objectives as an adventure-based service providing rich outdoor experiences.

Staff should consider developing the indoor environment to offer more challenge. They should create spaces where children can rest and relax and offer a more welcoming and relaxing space where children can rest. The space needs to be adaptable to meet the needs of the children.

To ensure the safety and wellbeing of the children, the gate where parents enter to collect children from outdoor play should be closed. This ensures there is a barrier between the children's play space and the road. The sink beside the snack area should have the hot water tap restricted to ensure there is no risk of burns or scalds. We have made an area for improvement in relation to this (see area for improvement 1).

### Areas for improvement

1. The provider should ensure that the premises are safe and secure for children. Maintenance should be carried out effectively to ensure the health and wellbeing of children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

## How good is our leadership?

## 3 - Adequate

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

We graded this key question as adequate where strengths just outweighed areas for improvement.

There was a statement of vision, values and aims that highlighted the service's approach to nurture and play. This was shared with people using the service and parents shared that they liked their children to play outdoors as much as possible.

The service had gone through a period of transition with staff changes, and they kept parents and children informed through the service notice board. The manager could be more proactive at sharing this daily as some children commented that they didn't know which staff would be caring for them that day due to short notice changes. The manager had recently carried out consultations with families to gather their views and any areas for improvement. The manager was still to respond to the suggestions from parents, this should be shared in a way that keeps people informed of the changes to the service they influence.

Regular newsletters ensured that parents were kept informed about children's experiences, and what activities had been popular with children. Regular staff meetings allowed for the manager to share information with the staff team and gather suggestions for improvement. Wall displays detailed children's views about their service. The manager was informally using these views to make important changes to practice that were informing positive changes. For example, ideas for snacks were taken forward and some new resources were purchased. An improvement plan was in place. The manager told us that it had been in place before she took up the post as manager, and she was evaluating this to see if they had made planned improvements and where they wanted to target resources and improvements going forward.

Previously, quality assurance visits had been carried out by the provider of the service. These were an important opportunity to feedback to staff on practice and areas for improvement. The manager had carried out some audits informally to support the self-evaluation of the service. This included a personal plan audit; notes had been recorded to highlight to the keyworker the important information that was missing. Staff were then supported to take this forward.

The manager should take a more formal approach to improvement planning and self-evaluation. A quality monitoring calendar would support the manager and staff team to carry out quality assurance tasks throughout the year including audits, playroom practice monitoring and gathering of people's views.

The information gathered from these tasks should be used to influence positive change. A current improvement plan with clear rationale for change that is meaningful to the service would lead to continuous improvement. We signposted the manager to the Care Inspectorate's HUB bite size session for improvement planning and quality assurance calendars.

## How good is our staff team?

## 3 - Adequate

### Quality indicator 4.3: Staff deployment

We graded this quality indicator as adequate where strengths just outweighed areas for improvement.

Staff worked well together as a team and were courteous and respectful with each other. Staff were enthusiastic and committed to their role within the service and staff brought a range of skills and knowledge to the team. Staff communicated effectively to support the changing needs of the children during the session. A team meeting at the beginning of the session to discuss any important changes along with the use of walkie talkies ensured that staff communicated effectively and worked well as a team to support children. This meant that the sessions were planned, and children had access to a range of experiences.

Some staff were experienced in working with school aged children and this was evident through practice that we observed. However, there was a number of staff with no play-based qualifications. Staff were committed to their own training and development and motivated to move forward with improvements. Staff had recently enrolled in further training which will help to upskill the staff team and enhance the children's experiences. The newly appointed manager was having a positive impact on outcomes for children. She was leading the team well and offered mentoring and guidance that supported staff. They were a newly developed staff team with limited experience and relevant qualifications. The provider should ensure that they have a clear plan for ensuring that staff are qualified to carry out their role, in line with Scottish Social Services Council (SSSC) legislation. This will ensure that children are being cared for by competent and qualified staff. The children's overall experience would be improved if the service employed and retained more staff to ensure they can meet the individual needs of children across the indoor and outdoor areas, allowing staff to have better engagement in extending play opportunities. We acknowledged that the provider had used agency staff to maintain minimum ratios of staff to children and tried to have consistency with this. The provider should consider how they will offer continuity for children by having a stable staff team with enough people to meet the needs of the children (see area for improvement 1).

### Areas for improvement

1. The provider should ensure continuity for children by having enough competent staff in place to meet the needs of children across the service.

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 own practice and follow their professional organisational codes" (HSCS 3.14) and "My needs are met by the right number of people" (HSCS 3.15).



## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 August 2022, the provider must ensure that they have enough staff employed within the service to meet the needs of children, who have been safely recruited and completed a comprehensive induction following national guidance before starting to care for children.

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)

"My needs are met by the right number of people." (HSCS 3.15)

"I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(a)(b)(i) Staffing.

**This requirement was made on 17 August 2022.**

#### Action taken on previous requirement

On both days of inspection, the service had enough staff to meet the adult to child ratio, and basic needs of children. A new manager had been appointed, and she was having a positive impact. New staff had been appointed and staff inductions had taken place. The service had enough staff to meet the adult to child ratio, however we found some staff had limited experience and did not hold the relevant qualifications to register with the Scottish Social Services Council (SSSC).

Children should be cared for by skilled and competent staff. The quality of children's experiences would improve with better staff recruitment and deployment. We found the requirement had been met; however we have added an area for improvement under How good is our staff team?

**Met - within timescales**

## 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 should further develop quality assurance processes to demonstrate how this is resulting in improvements to the service. 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 17 August 2022.**

#### Action taken since then

The service had begun to make progress with this area for improvement. Some audits and informal quality assurance activity had taken place; however, we found significant gaps within the quality assurance systems. The manager offered reassurance they will further develop their quality assurance systems.

**This area for improvement has not been met and remains in place.**

### 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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
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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