

## Bearsden Before and After School Service Day Care of Children

Bearsden Ski Club  
Stockiemuir Road  
Bearsden  
Glasgow  
G61 3RS

Telephone: 07867 455 061

**Type of inspection:**  
Unannounced

**Completed on:**  
29 November 2023

**Service provided by:**  
ScotNursing & Medical Services  
Limited

**Service provider number:**  
SP2011011689

**Service no:**  
CS2012313206

## About the service

Bearsden Before and After School Service has been registered with the Care Inspectorate since 24 March 2014. The service offers care to a maximum of 40 primary school-age children in the morning and 45 primary school-age children in the afternoon. The service operates term time from 7:30 to 9:00 and 15:00 to 18:00.

Bearsden Before and After School Service provides an out-of-school care service from the Bearsden Ski Club building located in Bearsden, East Dunbartonshire. Due to a fire which damaged parts of the building, the service is currently unable to use their designated playroom. They are presently using the café area. As well as the use of toilet facilities and a kitchen. Staff ensure that the children have time each day to play in the school playground, which enables them to enjoy energetic play in the fresh air.

The provider is ScotNursing & Medical Services Limited.

## About the inspection

This was an unannounced inspection which took place on Thursday 23 November 2023 when 35 children attended the service and on Friday 24 November 2023 when 15 children attended the after-school care. One inspector from the Care Inspectorate carried out the first two days of the inspection. Two inspectors made a third visit to the service on Wednesday 29 November 2023.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, 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
- spoke with five parents/carers
- received feedback from 11 parents who completed our questionnaire
- spoke with childcare staff and management
- received feedback from three staff who completed our questionnaire
- observed practice and daily life
- reviewed documents.

## Key messages

- The staff were kind and caring towards the children and praised and encouraged them as they took part in a range of activities.
- Children enjoyed coming to the service, playing with their friends and being with the staff.
- Children had good opportunities to play outdoors in the school playground, get fresh air and take part in physical activities.
- The provider must ensure that all staff are registered with the appropriate regulatory body, such as the Scottish Social Services Council (SSSC).
- The provider must monitor staff registration with the Scottish Social Services Council to ensure that they continue to meet the conditions of their registration.
- The provider must ensure that the ratio of staff to children is in line with the conditions detailed on the service's registration certificate. Management and staff should ensure that all staff working at the service sign the daily register.
- The management and staff should improve the systems for the safe storage, recording and administration of medication.
- The management and staff should improve their infection prevention and control procedures.
- The management and staff should continue to develop the snack experiences to make them more inclusive for children.
- The provider must ensure that children's personal plans are fully completed, reviewed and updated every six months or before, depending on the needs of the child.
- The management should continue to develop their risk assessment procedures.
- The management should continue to develop their quality assurance procedures.

## 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

**Quality indicator 1.1: Nurturing care and support**

Staff had good procedures in place that enabled them to get to know the children and their families. This approach helped the children settle well into the service and build positive relationships with staff and the other children. We saw that staff were kind and caring towards the children. The children were happy and relaxed. They told us they enjoyed being at the service and being with their friends, and they liked the staff.

A parent commented: "The service provides great care for my child. They provide a welcoming service underpinned by friendly and responsive staff."

Staff were aware of children's dietary requirements and took these into account when planning snacks and food experiences. The children liked the snacks, and they were able to choose fruit throughout the session. Fresh water was available to the children. This helped them keep hydrated. However, it would be beneficial if staff revised the current snack procedures and looked at how they could encourage the children to be more involved in the snack activity. This should include providing the children with the appropriate jugs, dishes and utensils to help them be self-sufficient when selecting their food and drinks. This approach would help children develop their independence and skills and build confidence (see area for improvement 1).

Staff were aware of the children's medication needs and additional support needs. We spoke to a parent who told us how supportive and helpful staff were to her child: "They are lovely and so supportive. They keep you up to date with emails and also give you feedback on the day ... Very positive. The staff are all lovely ... They are caring and go above and beyond."

We noted that the medication procedures and documentation were not in line with best practice. The management and staff should improve the systems for the safe storage, recording, administration and auditing of medication. This is to ensure that medication is administered safely (see area for improvement 2).

Paediatric first aid training was part of the core training. We noted that staff did not hold a first aid certificate. The chief executive confirmed that she will ensure that staff undertake this training as soon as possible. Once training has been completed, this will support staff in responding effectively to the care needs of the children.

We looked at a range of documents that would make up a child's personal plan. We noted that the information was not up to date, and in some cases there was no care plan information available. The provider, management and staff must review and update the personal plans every six months or before, depending on the needs of the child. They must ensure that all parts of the documentation and discussions are included in the plans. This approach should help staff deliver continuity of care and respond quickly and sensitively to changes in a child's life (see requirement 1).

## Quality indicator 1.3: Play and learning

The staff worked well as a team. They listened to and responded warmly to children's requests and ideas. Children had the opportunity to decide what they wanted to play with. Due to the fire, and the move to the café, the range of toys and play experiences was limited. However, staff ensured that children had daily opportunities to play outdoors and get fresh air in the school playground before making their way to the ski club. The children were happy and had fun with their friends. They enjoyed playing together and were very confident.

The children told us that they liked board games and they liked to lie on the sofa. They would like to do baking again. We shared the children's comments with the management. The range of experiences helped the children to be active, get fresh air, have fun, develop their skills and confidence and build friendships. However, we recognised that the change of venue to the café had directly impacted the children's ability to choose what they wanted to play with or do while at the service. The management and staff should continue to look at how they can improve the range of experiences. They should look at new ways to involve the children more when deciding what they want to do and the toys and equipment they want to play with.

Parents' comments included: "The staff - There's a real nurturing focus that they provide. For us, this is a great contrast to the teaching staff at school. Giving our son time to relax after an intense school day ... and just play or relax!", "The team are great and very friendly. They are always trying to help parents and kids have a great time there" and "The team are warm and caring and provide a stimulating environment for the kids."

## Requirements

1. By 8 March 2024, the provider must ensure that the care and support needs of children are being effectively met. To do this, they must, at a minimum:

- a) ensure that every child attending the service has their own personal plan
- b) ensure the plans include all aspects of the child's health, welfare and safety needs and how the service intends to meet these
- c) put in place procedures to ensure that the plans are reviewed and updated every six months or before, depending on the needs of the children.

This is to comply with Regulation 5(1)(2)(a)(b)(c)(d) and (4) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

The management and staff should also consider referring to the Care Inspectorate's document: Guide for Providers on Personal Planning - Early Learning and Childcare.

## Areas for improvement

1. To promote children's understanding and enjoyment of healthy eating, the management and staff should, with the feedback from children and parents, look at how they can improve the involvement of the children in the planning, preparation and serving/self-selection of the snacks and drinks.

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

To help management and staff support the children to have a positive snack experience, they should read the Care Inspectorate's practice note - Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC).

2. The management should improve the medication systems and consider how medication is stored, recorded, administered and audited. They should refer to the Care Inspectorate's Management of medication in daycare of children and childminding services. We sent them a copy of this document. The revised medication document, policy and procedure should be shared with staff and parents.

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).

## How good is our setting?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

#### Quality indicator 2.2: Children experience high-quality facilities

Children had the temporary use of the café area within the ski club. This was a cosy area with comfy sofas for the children to lie and relax in. There were tables and chairs to allow the children to sit and chat, play board games, and take part in some arts and crafts, small world figures/play and construction activities. The room had natural light and ventilation. However, the space was limited. We saw that the children's bags and coats were placed on the floor at the serving hatch area, and this took up a lot of space. The manager said she would speak to the ski club to find out if additional space could be found to store the bags and coats safely and give the children more room to play (see area for improvement 1).

Parents commented on how well the management and staff had managed after the fire. First decanting to the school and then back to the ski club café.

"I was particularly impressed with how the service managed the recent move to the school as a result of a fire in the premises and how well they have adapted to the new surroundings. Communication, at short notice and in stressful circumstances (for service staff and parents and carers), was excellent and timely."

"The staff are doing an amazing job with the environment they've got. The ski club, despite facing their own challenges, have thankfully prioritized supporting this business."

Children were able to make some decisions on what they wanted to do while at the service. As discussed, the staff should consider setting up a picture inventory book. This approach would help children know what was available to them and enable them to choose from the full range of toys and equipment with ease.

Children were able to play in the school playgrounds before making their way to the ski club. This enabled the children to have the freedom to run about safely, use their imagination, enjoy physical play and get fresh air. Parents and staff told us that the children were unable to use the school toilets when playing outdoors in the playground. The walk from the school to the ski club is half a mile. The service and parents should have a conversation with the school and/or local authority to see how they can best support the toileting needs of the children and promote their dignity and privacy. Parents' comments included: "More collaborative relationship from school so playgrounds and toilets can be utilized" and "The school facilitate some use of the playground, but I believe the relationship could be better in terms of the use of toilets, etc ..."

Management and staff had procedures in place to help reduce the spread of infection and help keep children safe while attending the service. However, we noticed that not all the children and staff washed their hands prior to snack. We also noted that personal protective equipment (PPE) - disposable gloves and aprons were not suitable. The chief executive confirmed that there were other single-use gloves and aprons available, and she would get these changed to ensure that they were suitable for staff to use. Staff had undertaken, as part of their induction procedures, training on infection prevention and control and food hygiene. However, we noted that not all infection prevention and control procedures were being fully implemented in line with best practice guidance (see area for improvement 2). We have also made a requirement in relation to training under How good is our staff team?

The management should continue to develop their risk assessment procedures to include all aspects of the service they provide to children. This will help keep children safe while attending the service.

We found that some of the children's information was not stored and managed properly. To ensure that children's personal information is kept safe and secure, management should update the policy and procedures so that they comply with general data protection requirements (see area for improvement 3). The service was registered with the Information Commissioner's Office (ICO)

## Areas for improvement

1. Management and staff, with feedback from the children, should look at how they can improve the limited space within the café and find alternative arrangements for the storage of the jackets and bags. This will enhance the children's play experience, make more space and enable them to move safely around the room without obstruction.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have enough physical space to meet my needs and wishes" (HSCS 5.20).

2. The manager and staff should re-read the Health Protection Scotland document: Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings). They should review and update their infection prevention and control procedures to bring them into line with the document. This should include the management of personal care.



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).

3. To ensure that children's personal information is kept safe and secure, management should update the policy and procedures so that they comply with general data protection requirements.

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 leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 3.1: Quality assurances and improvement are well-led

The vision, values and aims for the setting were unclear. The management and staff would benefit from identifying vision, values and aims that reflect the current aspirations of children, their families, stakeholders and the team. This would support everyone involved in the service in understanding their role in promoting and achieving improvements.

We sampled the out-of-school care improvement plan and made some suggestions to the management on how to develop this further to help provide clear priorities, actions and timescales. Changes noted in the current improvement plan had little impact on outcomes for children and their families (see area for improvement 1). We highlighted the Care Inspectorate's self-evaluation guidance to support the team in expanding action plans. This can be found on our website within The Hub section.

The provider and management should review and update policies and procedures to ensure that they are relevant to the after school care service.

Children in the service were confident and shared with us their views on what they liked about the out-of-school care and what they would like to be better. For example, one child told us they would like a visual snack board so they could see what they were going to eat each day. We fed this back to the management, who agreed to progress this. We discussed ways to include children in the improvement plans for the service, with management to ensure their rights are respected and their voices heard.

### Areas for improvement

1. The management should continue to develop quality assurance procedures to help provide clear priorities, actions and timescales for the improvement of the service. This should involve feedback from children, their families, stakeholders and the staff team.

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?

2 - Weak

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made requirements for improvement.

### Quality indicator 4.3: Staff deployment

During our inspection, we observed that staff worked well together and were courteous and respectful towards each other. Staff communicated with each other to ensure key tasks were completed, and the children received care and support. The staff we spoke to told us they enjoyed working with the children at the service. Parents' comments included:

"The care workers are genuine about caring for our children, and I feel they are very safe with them. Very happy with the service ..."

"It is small and friendly. Staff are engaged with children when I collect and drop off my child."

"Staff are nurturing and welcoming ..."

We found the provider did not manage staff deployment well, and this compromised the children's safety. We sampled the registers of attendance for children and staff. We highlighted dates where there was not sufficient staff working in the setting to care for the number of children attending. This meant the service was working out with the conditions of their registration (see requirement 1).

We noted that staff had not undertaken training for some time. We spoke to the chief executive, who confirmed that they would arrange this. We highlighted that core staff training such as child protection, first aid and infection prevention and control should be organised as a priority to ensure the health, safety, and well-being of children accessing the service (see requirement 1).

We looked at the current induction documentation and discussed how this could be improved to support staff to undertake their role in line with best practices. We sent the provider a copy of the Scottish Government induction document: Early Learning and Childcare - National Induction Resource, latest version January 2023.

We viewed the current staffing for the service held by the Scottish Social Services Council (SSSC). This highlighted the manager of the service, as recorded on the registration certificate, was not registered with an appropriate regulatory body. We asked the chief executive to resolve this as a matter of priority (see requirement 2).

As part of the service's ongoing quality assurance procedures, we have also requested the provider to set up systems to monitor staff registration with the SSSC to ensure that the provider and staff continue to meet the conditions of their registration (see requirement 2).

## Requirements

1. By 8 March 2024, the provider must ensure that the care and support needs of children are being effectively met. To do this, they must, at a minimum:

- a) ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users
- b) ensure staff complete core training such as child protection, first aid and infection prevention and control.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) 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).

2. By 8 March 2024, the provider must ensure that staff working at the service are registered with the appropriate regulatory body, such as the Scottish Social Services Council (SSSC).

To do this, the provider must, at a minimum:

- a) ensure that the manager is registered with the Scottish Social Services Council
- b) ensure that the manager maintains their registration and meets the conditions of their registration within the timescale allocated to them by the Scottish Social Services Council.

This is to comply with Regulation 7(1) and 7(2)(d) (Fitness of managers) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that is well led and managed" (HSCS 4.23) 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).

## 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 develop a policy on the use of ICT tablets in the service.

National Care Standards, Early Education and Childcare up to the age of 16; Standard 14; Well managed service.

**This area for improvement was made on 24 January 2018.**

#### Action taken since then

The manager had put in place a policy to support the children and staff when using the tablets.

**This area for improvement has been met.**

#### Previous area for improvement 2

The manager should ensure that staff registration with the Scottish Social Services Council (SSSC) is completed timeously.

National Care Standards, Early Education and Childcare up to the age of 16; Standard 14; Well managed service.

**This area for improvement was made on 24 January 2018.**

#### Action taken since then

We found that there were no clear processes in place to check and monitor staff registration with the Scottish Social Services Council. We have now made a requirement (see requirement 2 under How good is our staff team?)

**This area for improvement has not 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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	4 - Good

How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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