

Smallworld Out of School Care Club Day Care of Children

15 Bank Street Brechin DD9 6AU

Telephone: 01356 623362

Type of inspection:

Unannounced

Completed on: 22 February 2024

Service provided by:

Aden Projects Ltd

Service no: CS2009232250

Service provider number:

SP2004935764



Inspection report

About the service

Smallworld Out of School Care Club provides a day care of children service and operates from Smallworld Children's Nursery and Daycare, Brechin, Angus. The setting is registered to provide a care service to a maximum of 35 children aged 5 years or school attendees, up to the age of 12 years.

Children are cared for in an open plan playroom, which contains access to kitchen, toilets and an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 21 and 22 February 2024. Two inspectors carried out the inspection from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service and received feedback from 12 families;
- spoke with the staff and management;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children benefitted from kind, caring and nurturing interactions, helping them to feel valued and respected.
- Opportunities to play both indoors and outdoors were well managed to promote safe, healthy and active lifestyles.
- Children were confident in leading and directing their own play and learning.
- We encouraged the management and staff team to build on the programme of continuous improvement, self evaluation and approach to quality assurance.
- Staff had various experience, knowledge and skills in working with school-age children.

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?	5 - Very Good
How good is our setting?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning?

5 - Very Good

Quality indicator 1.1: Nurturing care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children felt valued because staff listened to them and treated them with kindness and respect. For example, children's physical and comfort needs were well met and staff provided children with comfort and reassurance when required. Parents shared with us "staff are all friendly and approachable. Our child enjoys attending" and "staff all very friendly, they have a genuine interest in each of the children".

Staff knew children well and confidently spoke about their needs. Staff highlighted the very good connections they had with children and their families, which helped with the sharing and gathering of information to support meet children's individual needs. Personal plans were in place and included, identifying interests, 'what kind of person I am' and contained support strategies. We discussed with the manager how dates, signatures, consents and reviews could be strengthened. This would ensure the most current information was easily accessible to all staff.

We reviewed medication systems in place and were satisfied these were reflective of current best practice. For example, medication paperwork had been reviewed and updated in partnership with families and staff confidently spoke about children's individual medical needs.

Mealtimes were a sociable and relaxed experience for children. Children enjoyed chatting with their friends in a space that took account of their age and stage of development. Meals provided were healthy and nutritional. For example, freshly cooked meals and options included fruits, vegetables and water, helping to promote a healthy diet. Opportunities for children to develop and enhance their independence and extend life skills were provided. For example, children were encouraged to clear and wash their own plates.

Staff were clear about their roles and responsibilities in safeguarding children. They had an awareness of the process they would follow if they had concerns. Child protection training and Child Protection Officers (CPO) were in place. Chronologies captured key events and we encouraged the service to streamline clearer actions within their recording.

Quality indicator 1.3: Play and Learning

Children were meaningfully and actively involved in leading their play and learning in a free flow indoors - outdoors environment. Children were engaged in a variety of experiences and were observed to be busy and having fun. Staff valued a child's right to play through facilitating and engaging children in activities such as arts and crafts, role play and active opportunities.

We observed children to be happy and secure. The balance of planned and responsive experiences meant children were engaged in meaningful play of their choice. Children were playing together, with friendships developing. Older children were observed to be kind, caring and playing with younger children which supported a relaxed and welcoming space for children.

Literacy and numeracy was promoted within the environment which provided enhanced learning opportunities. For example, children had access to and were engaged with story books both indoors and outdoors and could participate in enterprise activities. Children's interests were known by staff who encouraged and supported these through various resources and equipment. For example, foot golf, football, making clay models and visits to the local sports campus were some activities available.

Children told us "I like playing dodgeball", "I like painting" and "I like playing jigsaws with X". These experiences were high quality, rich and supported children to engage in sustained learning.

The floor book showed how children were included in the planning through discussion and observations. We outlined how staff could enhance this area. For example, discussing with children how they wanted to be consulted with, to give meaningful ideas and suggestions for play and learning ideas.

How good is our setting?

5 - Very Good

Quality indicator 2.2: Children experience high quality facilities

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children were welcomed into a spacious, calm and inviting area. They benefitted from spaces that took account of rest and relaxation. Cosy spaces with soft furnishings enabled groups of children to rest and relax after a busy day. The environment was well lit and well ventilated, and children benefitted from free flow access to an enclosed outdoor area.

Areas had been set up to facilitate a range of play and learning experiences. For example, meal space took account of the age and stage of children and the access to an outdoor cabin supported comfort and leisure. One child told us "the cabin is really good".

The spaces and areas available enabled children to lead their own learning, promoted choice and supported interests. Children's voice was promoted around the room through displays, photos, and floor books. This encouraged ownership of the environment and allowed children opportunities to revisit activities, experiences and learning as well as promoted the message it was their space.

Children's safety was promoted through a variety of risk assessments. The risk assessments included potential hazards and control measures. These were shared with the staff team and reviewed as changes occurred but at minimum yearly. This promoted children's safety and security. All parents strongly agreed or agreed that 'My child is safe whilst in this setting'.

Staff had an awareness and focus on our Keeping Children Safe, Think, Look Act campaign, also known as SIMOA, and were observed carrying out head counts and monitoring all areas to support children's safety and wellbeing.

Children's personal information was stored securely, and sensitive information was shared only with those who needed the information to meet children's health and wellbeing needs. This ensured the service complied with current best practice quidance.

How good is our leadership?

4 - Good

Quality indicator 3.1: Quality assurance and improvement are led well

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

We found that the manager was passionate and committed to their role. They engaged very well during the inspection process, demonstrating an ethos of continuous improvement.

The vision and aims of the service were currently under development. The manager told us of their plans to include the children and their families in the review process. We agreed that this would help promote and support a shared vision.

A realistic improvement plan and quality assurance process was in place and contributed towards a cycle of reflection and improvement. The process and systems around quality assurance supported management to identify some gaps and strengths which could lead to improvement. We highlighted areas where the approach to quality assurance could be strengthened to include a more formal evaluation and support a more robust approach. For example, to include personal plans and build on practice observations. The service agreed to revisit this area to ensure quality assurance processes and the monitoring of progress are effective in improving aspects of provision for children. This would ensure any progress, or gaps are identified and give clarity on any next steps to lead to continuous improvement (see area for improvement 1).

Parents told us when asked what would make this service better:

"To be able to come into the out of school club at pickups to see what my child has been doing."

"It would be nice to be allowed into the building to see the setting more, instead of having to wait outside." I haven't seen the setting my child is in as they haven't allowed the parents access to the building since

"I haven't seen the setting my child is in as they haven't allowed the parents access to the building since Covid rules were in place."

The service should now consider different ways to keep families involved and use their views as a starting point to inform planning for future improvements.

Areas for improvement

1. The service should continue to develop the cycle of continuous improvement that supports positive outcomes for children and families.

This should include:

- a) procedures to address areas that parents and children feel need most improved;
- b) carrying out regular monitoring and reviews of personal plans; and
- c) building on carrying out observations of staff practice.

This is to ensure the quality of the care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7).

How good is our staff team?

5 - Very Good

Quality indicator 4.3: Staff deployment

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Staff were very welcoming and engaged during the inspection process. The staff team worked well together and were polite and respectful. There was a strong sense of team through effective communication and positive interactions across the team. This supported an encouraging team ethos.

Children benefitted from minimal staff to child ratios being met and the service took account of the needs of individual children throughout our visits. Defined roles and responsibilities were shared across the team, which helped them work together to ensure children's needs were met. For example, opportunities were given to lead parts of the setting through areas of responsibility and the use of a rota.

The induction process gave opportunities for staff to reflect at various stages and discuss their knowledge and understanding of their roles and responsibilities. The management team used the 'national induction resource' (Scottish Government 2023) to promote a partnership approach between management and staff. As a result, staff were given sufficient time and support to understand what was expected of them.

Staff had participated in a range of training. For example, child protection, mental health training, food hygiene and infection prevention and control. We encouraged the service to ensure staff evaluate their training and its impact on outcomes for children so they can reach their full potential.

Deployment and levels of staff were generally effective to ensure high quality outcomes for children. Parents told us "Staff have been very supportive with transitions to school" and "staff are friendly." Staff told us "I feel we have many strengths that benefit us as a setting, we always try our hardest and aim to be the best."

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

Management should review and update the service's medication procedures to reflect best practice guidance. This should include:

- Consistently obtaining consent from parents/carers.
- Ensuring a clear protocol is in place for children with specific health conditions which is agreed with children and their parents/carers.
- Ensuring medication records are reviewed regularly with parents/carers.

Inspection report

National Care Standards. Early Education and Childcare up to the age of 16. Standard 3 - Health and wellbeing.

This area for improvement was made on 22 March 2018.

Action taken since then

The service had made progress in this area. Consent forms, policies, individual care plans and records were in place to support children's health and wellbeing.

This area for improvement has been met.

Previous area for improvement 2

Management and staff should further develop children's personal plans. This should include:

- Recording information relating to children's specific health needs. Consideration should be given to personal risk assessments if relevant.
- Reviews take place at least every six months, more often if there are any significant changes.
- Demonstrating how parents/carers are involved.

National Care Standards. Early Education and Childcare up to the age of 16. Standard 3 - Health and wellbeing.

This area for improvement was made on 22 March 2018.

Action taken since then

We found that, whilst all of the children we sampled had a personal plan in place, further progress was required around reviews, in particular what and when information had been updated.

This area for improvement has been met, however a new area for improvement has been made around personal plans and quality assurance.

See quality indicator 3.1: Quality assurance and improvement are led well.

Previous area for improvement 3

Management and staff should develop effective quality assurance methods to assess and improve the quality of the service. This should include:

- Developing robust monitoring procedures for all aspects of the service. This should include audits of staff SSSSC registration, developing effective risk assessments for individual children where required and pick up arrangements.
- Evaluate the impact of the service's improvement plan.
- Consider how best practice frameworks could be used to strengthen self-evaluation practice.

National Care Standards. Early Education and Childcare up to the age of 16. Standard 14 - A Well-Managed service.

This area for improvement was made on 22 March 2018.

Action taken since then

This area for improvement has been met, however a new area for improvement has been made with regards to the service's improvement plan and observations of staff practice.

See quality indicator 3.1: Quality assurance and improvement are led well.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good

How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.