

SocialBall Kids Day Care of Children

Hermitage Park School
Hermitage Park
Edinburgh
EH6 8HD

Telephone: 01315 640 264

Type of inspection:
Unannounced

Completed on:
2 February 2024

Service provided by:
Social Ball Kids Ltd

Service provider number:
SP2014012269

Service no:
CS2014324599

About the service

Socialball Kids is registered to provide a care service to a maximum of 45 primary school aged children, within this number during the summer holiday period only, care can be provided to a maximum of 5 children who are registered to start school in the August of that year.

The service operates from Hermitage Park Primary School in Edinburgh which is located in a residential street with access to transport links and local amenities nearby. The accommodation used by the service consists of the dining hall, toilet facilities and staff access to a kitchen/meeting room. Children also have direct access from the dining room to the school grounds for outdoor play opportunities.

About the inspection

This was an unannounced inspection which took place on Monday 29 January 2024 between the hours of 14:50 and 18:05. We returned to continue the inspection on Tuesday 30 January 2024 between the hours of 14:55 and 17:50.

The inspection was carried out by two inspectors 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
- spoke with staff, the manager and the director
- spoke with several families on their arrival to the service
- observed practice, daily routines and children's experiences
- reviewed documents in the service relating to children's care and the management of the service
- reviewed information sent to us by email
- took into account feedback we received from two families via an online survey we issued.

We provided feedback to the director and manager on Friday 2 February 2024 by video call.

Key messages

Staff demonstrated a professional, caring and supportive approach during their engagement with children.

Children's personal plans need improvement to ensure all information is effectively reviewed and supports their individual health and wellbeing needs.

The medication system and documentation need improvement to ensure that these are in line with best practice and clearly outline how children's medication needs would be supported.

Children could access play opportunities both indoors and outdoors. Further progress is needed to effectively plan for and improve upon children's experiences to support their creativity, interests and choices.

Further progress is needed to ensure that risk assessment checks and the maintenance of the resources and the environment are effectively carried out to support children's health and safety.

Quality assurance processes should be developed to effectively support a culture of improvement and self evaluation.

Further progress is needed to ensure that the deployment of staff is effective and takes into account children's individual care needs, experiences, choices and the mix of different staff skills, experience and qualifications.

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

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

Quality indicator 1.1: Nurturing care and support

Children experienced a welcoming and caring approach from staff. This helped children to settle into the session and establish positive relationships. Feedback we received from families included, "It's a friendly and relaxed team who interact well with the kids" and "My daughter loves craft and the team make an effort to supply different activities".

Current systems for personal planning were not effective to ensure all children's health and wellbeing needs were known and supported. Though registration information was sought from families when children started, improvements were needed to ensure information was effectively reviewed with families. More information was required about children's individual needs, their wishes and potential strategies to support their experiences and engagement in the service. This would help children to reach their full potential and ensure that their changing needs and interests are documented and effectively planned for (see requirement 1).

Improvements were needed to develop the medication systems and review medication held in the setting in line with best practice. Though the medical needs of children were recorded online, not all staff had access to this system. Administration forms and information around the stepped approaches to support children should be clearly documented and stored with the medication. For example, symptoms, dosage instructions and action to take in an emergency. This would ensure all staff were aware of the correct procedures to follow to meet children's health and medication needs (see requirement 2).

Snack experiences should be further developed to ensure children's safety, enhance the presentation of foods and further develop opportunities for social and independence skills. Most children enjoyed having snack on their arrival whilst other children had snack later on or had fruit throughout the session. This meant that they had a choice of when to eat and their experience was unhurried and relaxed. To minimize the potential for choking, action was needed to ensure that all children were seated when eating. To support this, children should use the designated seating area for snack which would also help to minimise the chance of cross contamination from foods onto play resources. This would also enable staff to monitor snack effectively and support social interactions with children. Although dietary requirements were catered for, this information should also be clearly recorded and available to assist staff supporting the snack routine. Feedback from families indicated that they did not know about the choice and range of snack each day. Information about the snack menu should be shared with families (see area for improvement 1).

Quality indicator 1.3: Play and learning

Most children had opportunities to have fun and make choices from the experiences available. For example, board games, construction resources, computer games and outdoor play. However, not all children were engaged in the play opportunities provided indoors. For example, some children presented as restless or isolated, while others did not use the resources in a purposeful way. Staff should be supported to reflect on the purpose of resources presented and children's engagement throughout the session. We discussed children's experiences with the manager and on the second day of the inspection, arts and craft materials including, glue and sticky tape and the location of resources were improved upon.

This supported children's imagination, creativity which led to discussions about their creations and resulted in their achievements being celebrated. Such materials and resources should be routinely available to children to support children's engagement, creativity and imagination. We acknowledged that to support this, the service were in the process of gathering feedback from children about their interests and suggestions. Effective planning and evaluation of resources and experiences should continue to take into account all children's interests. This would promote sufficient challenge and choice of opportunities for all children (see area for improvement 2).

Feedback we received from families indicated that they were happy with the service provided and their child enjoyed attending the service. Some feedback indicated that more information about the experiences and activities available to their child would be beneficial. We discussed with the service that to support communication, additional information should be shared with families. This would help ensure families were aware of this information and could enable them to give any feedback or suggestions.

Requirements

1. By 31 March 2024, to ensure children's health and wellbeing, the provider must ensure that children's personal plan information is kept up to date and contains the necessary information. Personal plan information must reflect children's individual care needs and outline any specific strategies to support their wellbeing. Personal plans must be reviewed with families at least once in every six months. To support improvements, we provided a copy of the document 'Guide for providers on personal planning' (Care Inspectorate 2021).

This is to comply with Regulation 5 (2) (a) (b) 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 my 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. By 28 February 2024, to ensure children's health and wellbeing, the provider must ensure that medication information is clearly documented for all children with known medication needs. Documentation must clearly outline how children's individual needs are to be supported including any emergency measures to be taken. To support improvements, we directed staff to the document 'Management of medication in daycare of children and childminding services' (Care Inspectorate 2014).

This is to comply with Regulation 4 (1) (a) (Welfare of users) 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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To support children's safety, health and wellbeing, the provider should ensure that the snack routine is improved. This should include staff sitting with children to support social interactions, the presentation of foods and ensuring children are seated when eating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

2. To support children's choices and engagement, the provider should ensure that play and learning opportunities and resources are improved and effectively planned for. These should be reflective of children's interests and encourage their imagination and creativity. This should include children's indoor and outdoor experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality experiences

The daily risk assessment checks of the space and the ongoing maintenance of resources were not fully effective. For example, we identified issues with the cleanliness of the hall and also the rugs and cushions. On the second day of the inspection, there was also no heating in the hall. To ensure the health and safety of children, checks of the environment and resources should be carried out more effectively before, throughout and after the session. Any maintenance issues should be reported to the appropriate persons and clearly documented along with the action taken as a result. Children's health and wellbeing was supported as they experienced a setting that was well lit and ventilated. However, to support children's safety, further action was needed to enhance the security of the building. For example, the door was used by children to go directly from the hall to the outdoor area and was often left open. This door was also used by parents when collecting their child from the setting. Therefore, a more effective system and secure way for parents and children entering the building from outdoors should be considered. For example, keeping the door closed and using a doorbell (see area for improvement 1).

The indoor spaces were set up each day by staff and provided children with a variety of resources and activities. We discussed that further consideration of the layout of the space used within the main playrooms would support children's choices and enhance their experiences. For example, improving the comfortable area for children to relax and developing quieter spaces would support children's individual needs and choices such as being able to do their homework or read.

Although staff supported children's safety when they were playing outdoors, sometimes this space was also used by other people. This meant that the gates were often left open which could potentially compromise children's safety. Therefore, clearer boundaries around the space used as well as the deployment of staff was needed to maintain children's safety. Some lighting on the building meant that children could play out longer in the dark. However, the visibility of some areas of the outdoor space used was limited.

Previous portable lighting to support outdoor play was no longer in use and should now be considered as part of the outdoor play planning and assessment. Feedback from families included, "In the winter the playground is very dark, some portable lights would help".

Outdoor resources provided by staff were limited and action was needed to improve this and offer different types of play to support children's choices. For example, feedback from children indicated a different area to play football with goals would be preferred and that they would also like to play baseball. The manager and director advised that although not all items were out during the inspection, there was a variety of other outdoor equipment available. To ensure such choices are known to all children, this information should be accessible and their interests planned for effectively (see area for improvement 2 in How good is our care, play and learning?). This could support children to learn new skills and enjoy games with their peers and staff. Feedback we received from families included, "From talking to my son he has asked for more equipment or certainly outside like football goals. Appreciate there is a cost for things like this!".

To ensure children's safety, the service used a register to document their attendance. This helped to ensure all children due to attend were accounted for including those also attending other school activity clubs. To ensure staff were aware of where children were at all times, systems should be developed to enable effective communication between staff. For example, by the use of regular headcounts and to take into account children moving between the indoor and outdoor play spaces (see area for improvement 2).

Handwashing routines by staff and children before snack supported children's health and wellbeing. However, we discussed that as there was no sink within the snack area, further infection, prevention and control measures should be considered. This would support hand hygiene throughout the snack routine. Children's handwashing was also not monitored. This meant that it was unclear if all children washed and dried their hands effectively before eating throughout the session. We discussed that progress should be made to ensure hand hygiene was effectively carried out within the setting.

Areas for improvement

1. To support children's safety and wellbeing, the provider should ensure that daily risk assessments of the environment and resources are effectively carried out. Any issues identified should be reported to the appropriate persons. Any action taken as a result should be clearly documented. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).
2. To support children's safety and wellbeing, the provider should develop systems to support regular headcounts of children and to ensure that staff are clear on children's location throughout the session. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me' (HSCS 3.23).

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

The service promoted a vision, aims and objectives and policies also helped inform staff practice. However, due to regular staff changes in the service, further work was needed by the manager and provider to ensure there was a shared and consistent approach to staff knowledge and practice. Plans were in place to reinstate team meetings and carry out staff individual support meetings. These meetings would enable staff reflection on their practice, discuss policies and procedures, share best practice and identify any training needs. This would help support a consistent approach to staff practice and help improve children's care, play and learning experiences.

Regular newsletters and online communication helped share some information about the service with families. Whilst there was an internal improvement plan, this had not yet been developed in consultation with families. Therefore, further action was needed to support families to be meaningfully involved in developing the setting and influence change. Ongoing consultation would provide families with the opportunity to give feedback about what was working well and help identify any priorities for action within the setting. The action taken by the service as a result of feedback received should be shared with families. This would help keep them up to date and demonstrate that their views were valued.

When families arrived to collect children they did not all come into the building or have the opportunity to engage with staff. Having an information board near to the entrance as well as consistent engagement from designated staff could help build on relationships and support information sharing.

Accident and incident systems were now recorded on line by staff and information verbally shared with families when they collected their child. Though some accident information such as head bumps were emailed to families, developing these systems would further support the sharing of information with families.

Quality assurance processes to support effective self-evaluation and continuous improvements of the service needed to be improved and embedded into practice. More proactive use of best practice documents and legislation would help support positive outcomes for all children. Whilst an improvement plan outlined some actions planned, a more collaborative approach involving the staff team would help support continuous improvement. To further support this, we directed the manager to best practice information located on the Care Inspectorate's website and 'The Hub'. For example, information about personal planning and medication to support children's safety and experiences. To help support reflective practice, the manager and staff team should keep a record of improvements made as a result of training or the use of best practice documents and publications (see area for improvement 1).

Improvements must be made to ensure that all recruitment processes were completed for all staff prior to starting their employment. All staff had been recently recruited and not all the recruitment checks had been completed prior to starting their employment. For example, not ensuring two references and an updated protection vulnerable groups (PVG) check had been completed. This was not in line with best practice and legislation and had the potential to have an impact on the safety and wellbeing of children. To support their practice, we directed the manager and provider to our website for information including 'Early Learning and Childcare - National Induction Resource' (Scottish Government January 2023)' and 'Safer recruitment,

through better recruitment (Care Inspectorate and Scottish Social Services Council September 2023)' (see requirement 1).

Requirements

1. By 31 March 2024, to ensure the safety of children, the provider must ensure that safe recruitment processes are carried out and completed prior to staff starting their employment in the service.

This is to comply with Regulation 9 (1) and (2) (Fitness of Employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that:

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

Areas for improvement

1. To improve outcomes for children and ensure that there is a culture of continuous improvement, effective quality assurance processes including self-evaluation should be developed to monitor and assess the service in line with best practice and legislation.

This is to ensure care and support is consistent with the Health & 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).

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3: Staff deployment

Children's wellbeing was supported by staff having a respectful and caring approach. Some children were confident in approaching staff when they needed support. Children were also observed chatting and laughing with some staff during their general interactions. This demonstrated that some positive relationships had been built with new staff. Further action was needed to enable staff to have time to spend with children to support those who were not engaged in the session or confident to approach staff directly.

Staff were deployed to work in specific areas of the setting each day. For example, the outdoor area or to support the snack routine. Staff were flexible in their approach to help support team working and the routine of the session. To support staff practice, developing written prompt information or procedures could support a consistent and effective approach to the different roles in the setting. For example, the snack routine.

Children would benefit from having additional staff to enhance their experiences and further ensure their safety and wellbeing. Whilst the minimum staffing levels were met during the inspection, staffing levels and the deployment of staff should be improved to support the effective use of the environment and enhance

children's choices and experiences. For example, monitoring and supporting children in the corridor going to the cloakroom or toilet and as well as the indoor and outdoor play spaces. The service should ensure that there is a mix of staff skills, knowledge and experience to support positive experiences for children. This would help ensure that children always get the support they need at the right time and their interests and choices would not be limited (see area for improvement 1).

Daily staffing information was not shared with families to ensure that they knew who was working each day and who to contact in the event of the manager not being present. The service should take action to share this information with families to minimise the potential for missed opportunities to discuss updates or any changes to children's care and support needs.

Areas for improvement

1. To support children's health, welfare and safety needs, the provider should ensure that suitable staffing levels are maintained at all times. The approach to staff deployment should be consistent and take into account children's choices, interests and their individual support needs.

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

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 continue to develop medication permission and administration forms in line with best practice. The Health Risk Assessment or allergies form should also be developed so that the signs, symptoms and action to be taken is completed and countersigned with parents.

National Care Standards early education and childcare up to the age of 16 years.
Standard 3: Health and wellbeing.
Standard 14: Well-managed service.

This area for improvement was made on 16 January 2017.

Action taken since then

The current medication system was not in line with best practice. Further action was needed to improve upon the systems to ensure that information about the strategies to support children's medical needs was clearly documented. This should include the signs and symptoms when medication may be needed and the action to take in the event of an emergency.

This area for improvement has not been met.

This area for improvement is no longer in place and has been incorporated into a new requirement under Key question 1: How good is our play, care and learning?

Previous area for improvement 2

The provider should continue to develop the layout of the resources and activities planned for on a daily basis. Further consultation should also take place with the older children to expand on the resources and opportunities available to them.

National Care Standards early education and childcare up to the age of 16 years.

Standard 3: Health and wellbeing.

Standard 5: Quality of experience.

Standard 14: Well-managed service.

This area for improvement was made on 16 January 2017.

Action taken since then

Some progress had been made since the previous inspection. However further action was needed to effectively plan for and improve upon the resources and experiences provided for children. As outlined in the previous report, children would benefit from loose part play, home area and enhancement of the arts and crafts area. We had also suggested that sharing the key activities planned would be beneficial to children and parents.

This area for improvement has not been met.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under Key question 1: How good is our play, care and learning?

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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