

Letham Out of School Club Day Care of Children

c/o Letham Primary School
3 Braehead Road
Letham
Forfar
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Telephone: 01307 818 202

Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
Letham Out Of School Club

Service provider number:
SP2003000572

Service no:
CS2003002878

About the service

Letham Out of School Club provides a breakfast and after school club to a maximum of 45 children, of whom a maximum of five can be pre-school children and in the 4-5 years age group. The rest will be primary school children or any other children above the age whose needs the service can meet and whose presence does not have an adverse effect on existing club members.

The care service can operate during the following periods and times: 08:00 - 09:00 and 15:00 - 18:00 on school days and, where necessary, 08:00 - 18:00 on school in-service days and school holidays. The staff ratio shall be 1:10 and during the periods where the service operated for more than 4 hours, it shall be 1:8.

The service operates from Letham Primary School and has access to the school gym hall and the playgrounds. A voluntary group of parents, who form the committee, runs Letham Out of School Club.

About the inspection

This was an unannounced inspection which took place on 18 and 19 March 2024 between 15:00 and 17:30. Two inspectors carried out the inspection. 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 and 20 parents using the service
- spoke with the staff
- observed practice and children's experiences
- reviewed documents.

Key messages

Staff were passionate, caring and worked well together.

Children were cared for by skilled and knowledgeable staff, who provided positive experiences.

Children were provided with a variety of resources that reflected their interests.

Staff attended training which was meaningful and was leading to improved outcomes for children.

Quality assurance processes should be further developed to ensure children consistently benefit from high quality care.

Medication systems and documentation required improvement to ensure that these are in line with best practice and children are kept safe.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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 were cared for by kind, caring staff who interacted warmly with them. Staff were responsive to children's needs and children felt listened to. Staff chatted with children and engaged in conversation about their day. Positive relationships had been formed, which contributed to children feeling valued.

Almost all children had individual personal plans in place. Appropriate information was gathered when children started the service, however these were not reviewed in line with legislation. Some information about children's needs were not current and up to date. As a result, outcomes for some children were not improved appropriately. We signposted the service to 'Guide for providers on personal planning. Early Learning and Childcare' for support with reviewing procedures. The provider should now ensure personal plans are reviewed in line with current best practice to meet children's needs. (See requirement 1).

Children were provided with opportunities for independence throughout their time at the club. Self-serve snack was available with a variety of options to choose from, promoting children's choice. Children made their own snack on occasions, for example soup. Further opportunities to develop independence consistently at snack could be considered, for example, children having an active role regularly in preparing and setting up snack. This would support children to build lifelong skills. Staff sat with children at the table and engaged in social conversations, this resulted in sociable experience for children. Staff worked hard and used documentation, such as 'Healthy Eating in Schools' to ensure they provided healthy balanced options.

Foods were stored in a separate kitchen area, however these were not labelled when opened or being used. Free from foods were stored alongside food items that contained allergens and risked cross contamination. The service should now review storage and labelling of food items used by children in the service. This would reduce the risk of cross contamination and keep all children safe while having foods at the club. (See area for improvement 1).

Medication forms were missing important information, such as expiry dates, signs and symptoms and review dates. This resulted in information gathered prior to administering medication not being accurate or reviewed in line with legislation. We signposted the service to the 'Management of medication in daycare of children and childminding services' to support with required improvements. The provider must now review medication forms in line with best practice guidance to ensure children who require medication are kept safe. (See requirement 2).

Quality indicator 1.3 Play and learning

Children were fully engaged in their play indoors, choosing where and what to play with. Individual interests were supported, for example board games and linking hobbies from home. This meant children's passions and learning were supported.

Children played together and shared knowledge with staff and friends. One parent told us "The atmosphere is always good when collecting and kids are often teaching each other things". An example being, how to plait hair on the hairdressing doll. This allowed children to share skills they have learnt through their play with each other.

Staff were skilled in supporting children through their play, for example, adapting resources to meet the needs of the individual child. This resulted in children feeling valued by staff who cared for them. Children were confident in approaching staff to ask them to join in with their play, showing that children felt secure and that positive relationships had been formed.

A wide range of appropriate toys and games was available for children to access, including technology such as an Xbox and tablets. Parents strongly agreed that their children had access to a good range of quality toys and play materials. Resources that reflected children's current interests were laid out around the hall for them to use. Staff spoke with children once they arrived at the club and asked them what they wanted to play with. Resources were added or swapped at children's request, promoting choice and independent play. Children's opinions and changing interests were respected and this helped children to feel valued.

Children had opportunities to play outdoors when they asked. However, this was not promoted by staff asking or encouraging outdoor play. This resulted in limited outdoor play opportunities for children. A parent shared "The only thing I could suggest is more physical activity possibly, to help children's health and wellbeing". The manager had identified this as an area for improvement. This would ensure regular active play was available for children.

Requirements

1. 1. By 31 May 2024 the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) Personal plans are regularly reviewed in line with legislation and in partnership with parents.
- b) Develop individual personal plans that reflect care needs and outline any specific strategies to support children's wellbeing.
- c) Information gathered in personal plans is current and meet children's needs.
- d) All staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet children's needs.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. 2. By 31 May 2024 the provider must ensure children's health and wellbeing, and accurate information is gathered when medication is required. Medication administration and paperwork must be reviewed in line with legislation. To do this, the provider must, at a minimum, ensure:

- a) Individual medication forms are used for individual medications.
- b) Medication forms are regularly reviewed in line with legislation and in partnership with parents.
- c) Medication forms gather appropriate information before and after administering medications.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and 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 states that:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. 1. To ensure children's needs, health and wellbeing are supported the provider should now support staff to ensure all foods are safe to use. This should include but is not limited to:

- a) Food items are stored in a way to prevent cross contamination.
- b) Food items are labelled correctly when opened and being used.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities.

The gym hall was clean and tidy with plenty of natural light and ample space for children to explore freely. Parents accessed the club through a back door to the gym hall. The door remained locked and parents alerted staff of their arrival with a bell. Staff were aware of who entered the gym hall and children were kept safe.

There were relevant risk assessments in place, these were reviewed regularly to ensure they remained relevant and continued to address risks and hazards. We discussed with the manager the benefits of individual risk assessments for children when their needs change. The manager was proactive and these risk assessments were in place before the end of the inspection. This helped to highlight children's changing needs and support changes to opportunities to account for these needs. The result was that children were provided with consistent care.

A parent shared "A great safe environment that provides excellent childcare for my son". Staff reminded children to manage their own risk while they attended the club, such as reminding children that parents open the door when leaving the club. Further development could be considered to support children with understanding risk and how to manage this independently. We signposted the service to the SIMOA campaign bitesize videos to support children's understanding of risk.

Infection prevention control while making and having snack could be developed further. Personal protective equipment (PPE) for staff when preparing foods should be worn, for example a disposable apron. Handwashing with soap, rather than the use of hand sanitiser, should now be promoted. This would help to ensure overall health and wellbeing of staff and children.

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

Policies and procedures were in place that underpinned the service. These were reviewed by the manager and chairperson on the committee annually, or sooner if needed. Policies were shared with parents on the Facebook page or by email. This kept families informed of any changes to the service that was provided to them.

Aims and objectives were in place, however these had not been reviewed. The service should now consider reviewing their aims and objectives in consultation with staff, children and parents. This would inform them if they have provided the service that they have set out to achieve. This would ensure staff, children and parents would feel part of the service provided and their needs, views and opinions were valued.

Self-evaluation had taken place with staff and they used the 'A quality framework for daycare of children, childminding and school-aged childcare' to support this. Self-evaluation could be developed further, for example, to include dates to ensure it is taking place regularly. This would ensure that areas for improvement had been identified by the service and children benefitted from a service that continues to improve. (See area for improvement 1).

A quality assurance calendar had recently been implemented, with an additional monthly calendar identifying tasks to be completed. The manager identified areas where calendars could be improved to support staff practice and develop the service delivered. We agreed with streamlining these processes and with the implementation of a robust quality assurance system. This would help to ensure children are provided with high quality experiences. (See area for improvement 1).

Areas for improvement had been identified informally by the manager, however, there was no clear improvement plan set with priorities. We signposted the manager to information relating to identifying, and supporting improvement within a service on the Care Inspectorate hub. This would support clarity between staff, parents, children and the committee on the direction of the club.

Areas for improvement

1. 1. To improve outcomes for children and ensure that there is a culture of continuous improvement, quality assurance processes and self-evaluation should be developed further. This would help to support monitoring and assessing the service in line with best practice and legislation.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSC, 4.19).

How good is our staff team?

4 - Good

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

Quality indicator 4.3 Staff deployment

The club was appropriately staffed to support the needs of the children attending. Staff were passionate, knew children well and engaged with them throughout their time at the club. Staff were skilled in understanding and acknowledging when to intervene and when to allow play to develop. This provided children with opportunities for problem solving, being creative and using their imagination.

Staff had a mixture of skills and knowledge. Qualifications were undertaken by staff to ensure they were trained, competent and skilled. Additional training had been identified to support children's changing needs, for example an introduction to schematic play. This resulted in children being supported by staff who were committed to ensuring children were developmentally challenged. Staff evaluated their training and identified what they had learned and how this would impact their practice and improve outcomes for children. Mandatory training had been completed by all staff. This resulted in children being kept safe.

Regular staff and committee meetings took place and provided opportunities for reflection and discussion. Staff had recently had appraisals with their manager. The discussions which took place included training needs, what was going well and wellbeing. Staff told us "There is a clear supportive and empowering approach with flexible and approachable attitudes". We would encourage the manager to remain consistent with appraisal meetings to continue to support staff's overall wellbeing. This would ensure children are continued to be cared for by healthy and happy staff.

Staff worked and communicated well together to ensure that the other staff member knew where they were. A staff member shared "The staff are fun, friendly and a communicative group who work well together. I enjoy working with them". One parent told us "All staff are helpful and approachable". Staff who were committed, passionate and cared for the club enabled an inclusive and welcoming ethos.

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

To ensure children are cared for by staff who are trained, competent and skilled, staff should reflect on all training, learning and development opportunities and identify what they have learned and how this has improved their practice. This should also include staff reflecting on their current practice and identifying areas for improvement.

This area for improvement was made on 22 October 2018.

Action taken since then

Staff have undertaken regular mandatory training and completed evaluations after this, identifying what they have learned and how it has improved their practice. This has helped to develop staff competence and skill.

This area for improvement has 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.

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	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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