

Battlefield ASC

Day Care of Children

Battlefield Primary School
44 Carmichael Place
Glasgow
G42 9SY

Telephone: 07725 840 822

Type of inspection:
Unannounced

Completed on:
1 February 2024

Service provided by:
Battlefield ASC Management
Committee

Service provider number:
SP2003001381

Service no:
CS2003006196

About the service

Battlefield ASC is registered as a daycare of children service. It is registered to provide a care service to a maximum of 72 primary and secondary school age children at any one time. The service provides care during term time and school holidays. The provider is Battlefield ASC Management Committee.

Battlefield ASC is based in Battlefield Primary school in the south of Glasgow. It is situated close to local parks and amenities. The service has use of the dining room, gym hall, a wet room and direct access to an enclosed school playground.

About the inspection

This was an unannounced inspection which took place on 25 and 31 January 2024. 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 and management
- observed practice and daily life
- reviewed documents
- received feedback from 13 parents/carers

Key messages

- Children were happy, confident and settled in the service.
- The manager should review the procedures for the administration and storage of medication.
- The manager should ensure child protection records are completed in line with best practice.
- The manager should review quality assurance procedures to ensure areas for improvement are identified.
- The provider must ensure there are enough staff to meet ratio's and needs of children.
- The provider, at all times, must ensure that children have access to all play spaces that are specified within the conditions of registration.

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?	3 - Adequate
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 evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 1.1: Nurturing care and support

We evaluated this quality indicator as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff were kind and nurturing in their approach with children and knew the children well. Children were comfortable and confident in approaching staff with any questions or concerns. Children were happy and told us that they enjoyed coming to afterschool and we could see that obvious friendships had formed. One parent told us, 'Staff are friendly and professional and have a good rapport with the kids'.

Staff were task oriented which meant they were unable to spend time engaging in play and activities with children. Children told us they would like it if staff spent more time playing with them rather than completing tasks. One child commented 'It would be good if they could spend more time with us'. Positive staff engagement with children would help them to feel important and included within the setting.

Snack was unhurried and children had time to eat without being rushed. All of the children had snack together which meant it was not a relaxing, sociable experience due to the level of noise in the room. Children told us they would like a larger variety of snack and to be able to choose snack options. This would give children ownership within the setting and build their confidence in making healthy choices. There were missed opportunities for self-serving. Children told us that they would like to serve themselves and thought they should have more responsibility for clearing up and setting up themselves. On the second day of our visit the children were self serving and we discussed with management that this should continue. This would also allow staff to spend time sitting with the children, engaging in conversation, which would make it a more sociable experience.

We reviewed the procedures for the storing and administration of medication. We noted that there were areas to be developed. Medication was not stored in accordance with best practice guidance, including life saving medication which was out of date, which could lead to potential risk for children. Medication records needed to be updated and reviewed regularly to ensure that medication was administered correctly. We spoke to management about reviewing procedures to support the health and safety of children, **see requirement 1**.

Personal plans were in place for children and had been completed and shared with parents. New plans had been introduced and were still in the process of being completed for all children. The plans contained information which helped staff to know the children and meet their needs. We discussed with management that children could be included in creating the plans and to review them regularly to ensure that the information contained was current.

Staff had completed child protection training and knew the correct procedures to follow. Child protection records had not been completed for one child. We spoke to management about ensuring that child protection records were completed to ensure the health and safety of children, **see area for improvement 1**.

Quality indicator 1.3: Play and learning

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

We observed children having fun playing with each other. On the first day of our visit there were little to none resources and activities for children to participate in. In the main room there was paper and pencils for children to draw and some chose to watch television. Children told us they would like to have more resources and activities to do, such as baking, and a cosy area to relax for all children to use. Management should ensure that there are sufficient toys and play materials available at all times to engage children's curiosity and develop their play and learning, **see area for improvement 2**.

Most children had chosen to play outside. There were some toys and play materials for them to play with including hula hoops and footballs. While some children were happy to make up their own play activities, others did express that would like more exciting and fun activities to do. There was little staff engagement with children. While children were leading their own play, staff did not support or extend this as they were busy with other tasks. Children told us that toys such as Lego and cars were sometimes put on the tables for them to access.

When we returned for the second day the children's experiences were improved. These included arts and crafts, a cosy area with teddies for children to play with and a games table. Staff were more engaged with children and participating in their play and learning. One parent commented 'They know the children well, the staff seem kind, the children always have a fun experience'. We discussed with management the importance of children always having access to resources and activities that would promote their curiosity and learning.

Staff planned for children based on children's interests and staff observations. Staff told us that they followed the children's lead and let them choose what they would like to do at the service. Planning for children was linked to the United Nations Convention on the Rights of the Child and the Health and Social Care Standards, helping to support children's rights and their care. There was a lack of evidence of children having ownership or input to their learning. We discussed with management that children should be more involved in the planning and evaluating of their play and learning. This would develop their life skills and ensure their needs and interests were met.

Requirements

1. By 31 March 2024 the provider must ensure that every child is cared for in a way that reflects their individual needs and rights. To do this, the provider must, at a minimum ensure:

- a) Emergency medication is stored safely
- b) Signs and symptoms of when a child requires medication are clearly recorded
- c) A robust system is in place to ensure that medication is being effectively monitored, audited and stored safely.

This is to comply with Regulation 4(1)(a)(b) (welfare of users) and Regulation 5(1), (2) 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 care and support meets my needs and is right for me." HSCS 1.19 and
"Any treatment or intervention that I experience is safe and effective." HSCS 1.24**

Areas for improvement

1. To ensure children are safeguarded, the manager and staff should be competent in using chronologies and child protection records to assess the level of risk to children and that any concerns identified are reported to the relevant authorities timeously. Effective systems should be in place to review and audit chronologies and child protection records to ensure and appropriate actions have been taken.

**This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:
3.20 I am protected from harm, neglect abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.**

2. To support children's care, play and learning, management and staff should ensure that at all times there are appropriate toys and play equipment to engage children's curiosity and develop their play and learning.

**This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:
2.27 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.**

How good is our setting?

2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 2.2: Children experience high quality facilities

Children attending the service had access to the dining hall, outdoors, wet room and gym hall. Access to the gym was limited and children did not always have full access which meant the service was operating outwith the conditions of registration. This meant that there was limited space available for children present which impacted on positive outcomes for them. The provider needs to ensure that spaces available for children to use are appropriate to meet the conditions of registration and children's needs, **see requirement 1**.

There were five large tables and benches in the main room with a separate bench for children to watch television on. There were limited resources and activities for children in the main hall and wet room on the first day of inspection. Children also did not have access to the gym hall as there was a shortage of staff. This impacted on children's ability to have choice in their play and learning during the session. On the second day there were more resources and experiences for children to participate in.

The outdoor area was large and there was a Viking village being built for children to use which was not yet completed. We discussed with management the importance of risk assessing this as it was a potential risk for children playing around it due to the exposed beams which children were able to climb. Children would have benefitted from some comfy and sheltered areas outdoors to offer them the opportunity to rest and relax.

During our inspection we observed that appropriate infection prevention and control procedures were followed. Children were encouraged to wash their hands before snack and when coming in from outside and staff cleaned tables before and after snack. This supported children's health and safety.

There was equipment and toys stored within the girls toilets with no door to keep them contained. We discussed with Management that they need to ensure these are stored elsewhere as it created a potential risk to children's health and safety due to cross contamination, **see area for improvement 1**.

Requirements

1. By 31 March 2024, the provider must ensure that children are cared for in an environment that has adequate space for children to play and explore. To do this, the provider must, at a minimum, ensure all areas of registered space are used throughout the day.

This is to comply with Regulation 4(1) (a) (Welfare of service 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 states that:

"I have enough physical space to meet my needs and wishes." (HSCS5.22) and I experience a service that is the right size for me." (HSCS 5.5)

Areas for improvement

1. To support children's health and wellbeing, improvements should be made to the infection, prevention and control procedures. The provider should ensure play equipment and resources are stored separately from children's toilets.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17).

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 settings values, visions and aims were made visible for staff and families to see and had been created in partnership with staff. This helped staff to understand what was needed to meet children's needs.

The manager had recently taken up the position and had yet to develop the service improvement plan or quality assurance procedures. We discussed with management that this should be developed in partnership with staff, families and children so everyone would be able to identify what the service strengths and areas for development were. Having a strategic approach to self-evaluation and improvement would allow the service to start their improvement journey and have aspirations for the service, **see area for improvement 1**.

The manager was approachable and engaged well with the inspection process. Staff told us they felt that they were supported by the manager and that they could approach her if they had any issues. Parents told us that they felt the manager was approachable and caring. One parent commented, 'The manager is incredibly knowledgeable and experienced. Support we receive as a family is outstanding'.

Children were included in plans to develop a Viking village in the outdoor area. They created drawings of what they would like to see and were involved in meetings with developers to see what the completed area would look like. We discussed with management that children's views and ideas could be captured more by the service. This would help them to have ownership and feel important and included.

Regular staff meetings allowed staff to have the opportunity to discuss any issues and to share their thoughts and ideas for the service. One idea had been to have parents in for an informal parent's night where parents could see what their children did while at the service. One parent commented, 'Appreciated the meet the staff/key worker session we had this year and would like to see that again next year'.

Committee meetings happened regularly where the manager shared what was happening in the setting. Staff shared with us that they would like to have committee members at their meetings too to help them feel more like a part of the service.

Leadership roles had recently been introduced for staff which allowed them to have responsibility within their role. Staff were aware of their roles and responsibilities and were looking forward to taking these forward.

Areas for improvement

1. To support ongoing improvement within the service the provider and manager, in partnership with parents, staff and children, should create an improvement plan and introduce quality assurance procedures.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state: "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 evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 4.3: Staff deployment

There had been a period of transition for the service in the last year. There had been some staff changes within the setting and this had led to a shortage of staff. On the first day of inspection there was not enough staff to meet ratio's and there was no system in place to provide cover. Management shared with us that they were recruiting for staff but had little success. The shortage of staff impacted on children as they were unable to access the gym hall, and staff did not have time to engage in play and learning with the children.

Staff absences had added challenges to the staff deployment within the service. Staff shared with us that the reduced number of staff impacted on their ability to offer children quality experiences. One parent commented, 'When the service is short staffed this significantly changes the options of what children can do'. Management must ensure that there is enough staff to meet ratio's and the needs of individual children, **see requirement 1**.

The staff team was a small, close group who had been with the service for a number of years. This helped them to work well together and know the children well. Staff told us that they felt that one of the strengths of the service was their teamwork and support that they offered each other. Staff communicated well with each other and used radio's to communicate when they moved areas and when children moved between indoors and out. This helped to keep children safe.

Areas for improvement

1. By 31 March 2024 the provider, must ensure that they have enough staff employed within the service to meet the needs of children and ratio's.

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

This 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)

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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