

First Class Out Of School Scheme Day Care of Children

Loirston Annexe Community Centre
Cove Road
Cove Bay
Aberdeen
AB12 3NX

Telephone: 07525854629

Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
CLICC Ltd.

Service provider number:
SP2003003228

Service no:
CS2003001782

About the service

First Class Out of School Scheme operates from Loirston Annexe Community Centre in Cove Bay, a suburb of Aberdeen. It is registered to provide a care service to a maximum of 64 school aged children. The service is open both before and after school.

The club provides a service to children from the two primary schools in Cove Bay - Loirston School and Charleston Primary School. The club is one of a number of out of school clubs provided by Community Link Childcare (CLICC) throughout Aberdeen city.

The area used by the service is all on ground floor level. There is a car park available and the service is situated close to public transport links.

About the inspection

This was an unannounced inspection which took place on Tuesday 19 March 2024 from 14:45 - 18:00 and Wednesday 20 March 2024 from 8:10 - 9:30 and 13:40 - 18:00. The inspection was carried out by one inspector 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 and parents using the service
- Reviewed written feedback provided to us by parents and carers
- Spoke with staff and management
- Observed practice and daily routines
- Reviewed documents.

Key messages

- Children had very positive relationships with staff which helped them feel nurtured and included.
- Staff knew the children well and this helped to ensure that individual needs were fully supported using a thoughtful and sensitive approach.
- More written information should be in place to support children's health needs to ensure consistent practice and effective action.
- Regular time outdoors provided the opportunity for children to access fresh air and enjoy energetic play.
- The service should continue to develop activities for the children to allow them more challenge in their play.
- Regular self-evaluation and quality assurance was taking place and this had supported continuous improvement of the service.
- Children were supported by a knowledgeable and motivated team who communicated well to ensure children received a good quality of care and support.
- The deployment of staff and robust systems adhered to by staff ensured that children were kept safe at all times.

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

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| How good is our care, play and learning? | 4 - Good |
| How good is our setting? | 4 - 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?

4 - Good

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

Quality indicator 1.1 Nurturing care and support

Children were supported by staff who were nurturing and caring in their interactions. Children were greeted warmly by staff and positive interactions were noted throughout the sessions. A number of the children wanted to be hugged and staff were happy to provide this. Children sought staff out to speak to and share how their day went and some wanted to hold staff hands on the way to and from club. Children and their families spoke positively about the staff. Children described the staff as "kind," "beautiful," and "nice." Parent and carers told us that "staff are great with kids," "my (child) feels so welcome" and "I love how friendly and kind the staff are." Strong and trusting relationships had been established.

The children enjoyed a positive experience. The service had tried different ways of doing snack and an 'all together' snack was preferred by the majority of the children. Staff felt that this benefitted the children as they engaged more with children from the other school and had built up positive relationships. Staff sat with the children during snack and participated in some nice discussion which helped create a sociable, unhurried experience. There were some opportunities to support children to develop their independence skills. For example, children poured their own drinks, helped themselves to fruit and tidied away their plates and cups. Children also had the opportunity to be the snack helper for the day which involved spreading, cutting and serving. Opportunities for independence could be developed further, for example the children's yoghurt was already potted out for them and toast was already spread for some children.

Staff knew the children well and used a thoughtful approach to supporting them based on information they had received from the children themselves, their families and relevant professional and from their own observations. Children's individual needs and preferences were recorded within personal plans. Children and their parents and carers were full involved in the development of these personal plans. They were reviewed regularly to ensure that information was up to date. Where children needed a higher level of support a more detailed personal plan was in place outlining their needs and how these were to be supported. The service worked in collaboration with other agencies, where appropriate, to ensure that children's needs were being met. Staff found this beneficial to increasing their understanding of how to support specific needs.

Information within the personal plans was consistent with what staff said and what we observed in practice. Parents spoke very positively about the support their children received. One parent, for example felt that the staff really supported their child manage the transition from nursery to school and out of school provision through their nurturing approach and supporting specific requests. Another parent told us, "the staff are very kind, supporting my daughter in the morning as she is sometimes upset ahead of going to school. They genuinely care about her wellbeing."

Where children needed support with their health this was detailed in a health care plan. While some health care plans had full information in place, one of them needed to be developed further. This would help to ensure a consistent and prompt response to recognising and acting on any concerns and what to do if the child's health deteriorated (**see area for improvement 1**).

Medication was stored well and in line with current best practice. Staff ensured that medication followed the child, for example on the walk to school or when at the local park so that it could be accessed quickly if needed.

A quieter space had been created in the main hall by using a large pop up tent. The service was in the process of developing this further with the use of blankets, bean bags cuddly toys and a small bookcase and books to make it cosier and more inviting. Children had been consulted as part of this process.

Quality indicator 1.3 Play and learning

Children were all happy and engaged during our visits and were having fun. There was a clear recognition from staff about children's right to play. Both children and their parents told us that the children enjoyed club and looked forward to it.

Staff ensured that activities available to children reflected their interests. Children talked to us about particularly enjoying doing drawing, playing with Lego and football. A parent told us, "my child spends a lot of time drawing and colouring in. The adults at the setting often spend a lot of time with her while she is drawing which is nice." These opportunities were available to the children throughout the sessions along with some others. The children were involved in making choices about what they wanted to do and told us they could select resources from the cupboard.

There were some opportunities for the development of literacy and numeracy skills throughout the sessions. Books were available for children to read. Various card and board games helped to support numeracy in a fun way. Children talked about enjoying baking activities and that is something they would like to do more of. Baking supported them with literacy, numeracy and being creative.

The service should continue to develop activities for the children more to allow them more challenge in their play. For example, developing loose parts more would encourage creativity and problem solving with children being able to, for example, build using different loose parts. Discussion with children could take place to identify new skills they may want to learn, such as woodwork, knitting or crocheting.

Staff were aware of the need to continue to build on the resources for children. Felt tip pens, for example, were in continual use and needed replaced on a regular basis. The children were involved in making suggestions for new resources to be purchased. A recent request for dolls had been progressed and one child we spoke to talked about enjoying playing "babies" with their friends.

Access to outdoors was available to the children on a daily basis. During our visits the children were enjoying playing at the park next to the community centre. This provided the opportunity for children to access fresh air and enjoy energetic play. Positive and engaging interaction from staff was evident throughout. Where some children did not want to play outdoors the outside area around the community centre would be utilised and children have opportunity to free flow between indoors and outdoors.

Areas for improvement

1. To fully support children's health and wellbeing the manager should ensure that effective health support plans are in place.

This should include but not be limited to:

Developing health care plans further so that all staff are clear about action that should be to respond to children changing health needs including when a child's symptoms deteriorate.

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); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our setting?

4 - Good

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

Quality indicator 2.2. Children experience high quality facilities

The area used for the service was spacious. Having a smaller room and a large hall allowed different activities to take place, allowing a quiet space and a space for more energetic pursuits.

The environment was secure, with exits locked and an effective system was in place for monitoring who was entering and leaving the building. Care was taken to ensure that children were accounted for and visible to staff at all times when indoors and outdoors.

The environment was clean throughout our inspection. We observed positive infection prevention and control practice. For example, children washed their hands before and after snack. This was observed by staff to ensure it was undertaken well. The service ran out of paper towels and used a roll of paper towels as an alternative. This does not provide the same level of infection prevention and control and the service should ensure that they plan for this accordingly.

Resources were available which reflected children's individual interests. They were easily accessible to promote children's choice and independence.

The children very much enjoyed play outdoors and this was valued by the children and their parents and carers. Having access to a local park really benefitted the children. A number of the children really enjoyed playing football and playing on the park apparatus. Other pieces of play equipment were supplied by staff to offer alternative play options.

The service was planning to create a more peaceful, cosier space for children to unwind and relax, building on what they already had in place. They were aware of children's individual needs and that for some children a quiet space for them to decompress was beneficial to their mental 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 guidance.

How good is our leadership?**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 3.1 Quality assurance and deployment are led well

Children experienced nurturing, kind and caring interactions, which reflected the aims and objectives of the service.

Regular communication with families took place face to face at drop off and pick up times. Observations were that these were unhurried and allowed plenty time for discussion.

Some opportunities were available for parents and carers to provide feedback on the service including informal discussion and a suggestions box. This had not generated much response, therefore the service needs to think more creatively. They had started to do this by, for example, getting parents, carers and children to vote for their preferred way of organising snack. They were also looking to develop short online surveys given they had recognised a general preference from families to interact electronically.

Children were consulted every day on an informal basis about what they wanted to do. They were encouraged regularly to provide input into what they would like for snacks, future activities, and resources. These were collated into mind maps and used to inform planning. We discussed the need to support children to understand what would be appropriate snack options to request. Currently many of the suggestions were unhealthy and/or more meal based than snack based and would not be able to be used as part of the snack plan. Children need to be supported to make appropriate suggestions so that they can then see that these have been listened to and actioned.

Children had recently been consulted about their snack experience. Previously a rolling snack had been offered with children having snack as and when they wanted to. An all together snack was then trialled and children were then asked to vote for their preference. This had resulted in a change to all together snack. Staff felt that this had created positive outcomes for the children. They were developing new friendships more and there was increased opportunities for more staff to sit with the children and enhance the social experience.

Children's feedback had recently been used to develop the range of resources available to them at club. For example, dolls and cars and a car track had been purchased. We were aware through our discussions with some children that these were resources that they were particularly interested in just now.

The team had been using 'A quality framework for daycare of children, childminding and school-aged childcare' to help them evaluate the quality of their service. It was supporting them to think about what they were doing well and what they could improve. It helped to inform their development plan. The team now need to use this document in more depth to help them identify how they can continually improve the service. They should also ensure that the voice of children and their parents and carers are reflected within the self evaluation process and carried through into the services development plan.

The services development plan highlighted the key areas that the team was working on. Staff had an understanding of this and were focused on making the required improvements. The development plan would benefit from being more outcome focused. Although there was a space available under each improvement area for a 'summary' this had not been completed. Using the summary section to consider progress made and how the changes had impacted positively on children's experiences would help support the team to review whether their improvements were having a positive impact.

Regular monitoring visits took place and areas for improvement were identified. This helped support the staff to continue to improve the service. During the inspection we then found that staff had acted upon the feedback provided following these visits and this had led to positive outcomes.

How good is our staff team?

5 - Very Good

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.

Quality indicator 4.3 Staff deployment

Children benefitted from caring and nurturing staff who interacted positively with them throughout the sessions. Sufficient staff were employed in numbers that ensured that they were able to meet children's needs. Good staffing levels allowed opportunities for children to have one to one time with staff as well as small groups. This enabled children's individual preferences to be supported.

There was a consistent group of staff working in the club. This ensured continuity for children and families and helped to build up positive, trusting relationships.

A number of the staff team were relatively new to the setting and had worked well together to create positive, supportive working relationships. Effective communication between all staff members took place throughout the sessions observed.

Staff had received a thorough induction or were in the process of this. They had been progressing through their core training. Staff were knowledgeable and confident in their role. Some staff had undertaken recent training in play and also in loose parts and it would be beneficial to use this training to develop children's play experiences further.

There was a clear and robust system in place for dropping off children at the two primary schools in the morning and collecting them after school. This included regular register checks and head counts to make sure everyone was accounted for. Children wore a hi vis vest which ensured a higher level of visibility, particularly beneficial within the busy playgrounds. Children were supported very safely on the walk to and from the club by staff ensuring safe routes were taken and being vigilant at all times. Where a child did not turn up at the meeting point as expected this was very swiftly acted upon by staff and the child safety quickly confirmed. One parent told us, "I can relax knowing they will get (my child) safely to and from school."

The deployment of staff during the trips to the park was again very well organised. Every staff member knew what their roles and responsibilities were. Staff positioned themselves so that they had clear view of all the children at all times and were also able to engage with and support them well. A contingency backpack travelled with staff and contained all required resources including a first aid kit, emergency contacts and children's medication. All this helped to support children's health and their safety.

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

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|--|---------------|
| How good is our care, play and learning? | 4 - Good |
| 1.1 Nurturing care and support | 4 - Good |
| 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? | 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 |

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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