

Happy Days Out of School Care Day Care of Children

Old Mill Road
Uddingston
G71 7PF

Type of inspection:
Unannounced

Completed on:
1 May 2024

Service provided by:
Gillian Geddes Day Care of Children

Service provider number:
SP2009010712

Service no:
CS2009235681

About the service

Happy Days Out of School Care is registered to provide a care service to a maximum of 40 children aged from pre-school year up to 16 years at any one time.

The service operates from the St. John the Baptist Presbytery in Uddingston, North Lanarkshire. Care is provided from the main hall with children also having access to a smaller hall for quieter activities.

The service is close to residential areas, transport links, schools and local amenities.

About the inspection

This was an unannounced inspection which took place on Tuesday 30 April and Wednesday 1 May 2024. We provided feedback to the service on Wednesday 1 May 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
- reviewed feedback from three parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff interactions were mostly kind and warm, helping to ensure children felt happy and settled.
- Children were mostly confident within the setting.
- The service should develop and review their personal plans to ensure children's current needs, interest and preferences were recognised.
- Snack time should be reviewed to ensure a relaxed and sociable experience for children.
- The service should review toys, materials and play experiences to ensure they stimulate and challenge children's play and learning.
- The provider, at all times, must ensure that children have access to all play spaces that are specified within the conditions of registration.
- Robust quality assurance systems must be in place to support improvements in the service.

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?	2 - Weak
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?

2 - Weak

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

Quality Indicator 1.1: Nurturing care and support

Children experienced care from staff who were kind and warm, which helped children to feel settled and happy. At times, the tones of interactions could have been softer, promoting nurturing approaches. We raised this with management who agreed to review interactions.

Positive relationships between staff and children had been developed, supporting children to feel safe and secure. Children were comfortable and confident in approaching staff with any questions or concerns. Children told us "[staff] are good to help you, if your sad [they] are good at with dealing with kids and talking to you" and "we like the teachers they are kind and respectful." One parent told us "staff are kind, considerate and caring. They take time to get to know my child and their interests."

All children had a personal plan, which contained basic information provided by parents and carers. However, we were concerned that plans did not fully reflect children's current needs, did not contain strategies that would be used to support children and had not been reviewed with parents within six months as stipulated by legislation. For example, some plans had not been reviewed or updated since 2019. This meant information did not reflect children's current needs, interest and preferences. Parents told us they did not know if their child had a plan or when this was last reviewed. We signposted the service to 'Guide for providers on personal planning. Early Learning and Childcare' for support with reviewing procedures. The provider should ensure personal plans are reviewed in line with current best practice to meet children's needs and are accessible when children are attending the service. (See Requirement 1).

Children were offered mostly nutritional food choices at snack times. For example, fruit, toast and pancakes. However, some children told us they would like a wider variety of food at snack time. One child commented "snack is boring, we get the same thing everyday." Children had limited access to water at snack time and throughout the session. We discussed with the manager the importance of ensuring children could access water at all times, as well as ensuring all food types were reflective of best practice guidance and contributed to a healthy, well-balanced diet.

At snack time children sat together chatting with their peers and shared information on their day. However, children sat for prolonged periods of time and had no choice of when they wanted to have their snack. We discussed how snack time could be developed to promote children's choice, independence and skills for life. For example, serving their own food and choosing when and where to sit. This could be supported through involving children in preparing of mealtimes. (See Area for Improvement 1).

Whilst some staff spoke confidently of the processes and procedures they would follow should a protection concern arise, we found this wasn't consistent. This meant that children were not always kept safe and protected by staff that had a clear understanding of their role and responsibilities in safeguarding children. The provider should ensure that all staff access child protection training. (See Area for Improvement 2).

Quality indicator 1.3: Play and learning

On the first day of our visit there were limited resources and activities for children to participate in which impacted on children opportunities and choices. Some resources met children's needs, such as the Xbox, loom bands and drawing. When we returned for the second day children's experiences had slightly improved. These included arts and crafts and a train set to support imaginative play. Staff were more engaged with children and participating in their play and learning. One parent commented "they provide a range of activities, engaging my child and allowing them to feel part of the happy days family." However, children told us they would like to have more resources and activities to do, such as baking and an outdoor area to play in.

Children's learning through play was significantly reduced by the limited play experiences, toys and materials available to them. There were not enough opportunities for children to independently access different play experiences. Toys and equipment available did not offer sufficient challenge to help children develop their skills and abilities. To support children's development, the provider must improve the quality, quantity and accessibility of resources and should improve the range of play experiences available. (See Requirement 2).

Staff planned for children based on their 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. However, there was a lack of evidence of children having ownership or input to their learning. We discussed with the manager 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.

Whilst staff joined in with children's play, there were several missed opportunities to extend children's learning through the use of skilled questions and to support their play preferences. In addition, there were instances where staff did not support children's play preferences. It would be beneficial for staff to undertake professional development to widen their understanding of how children play and learn. (See Area for Improvement 2).

Requirements

1. By 1 November 2024, to ensure children's health, safety and wellbeing needs can be met, the provider must ensure each child has a personal plan that contains all information required to meet children's needs.

To do this, the provider must, at a minimum:

- a) undertake an audit of personal plans to ensure there is up to date information for every child attending the service
- b) update any plans that do not have the required information
- c) update and review plans in consultation with children and their carers, at least every six months or when information changes.

This is in order to comply with Regulation 4 (1)(a) Welfare of users and Regulation 5 Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that 'My personal 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 am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. By 1 November 2024, the provider must improve the quality of the play spaces and resources to support children's health, welfare and safety.

To do this, the provider must, at a minimum:

- a) upgrade the toys, resources and equipment available to children to ensure they provide a safe, challenging and interesting environment
- b) ensure children have access to appropriate organised and well presented play resources which invite and entice them to play and learn
- c) ensure all equipment is well maintained.

This is in order to comply with Regulation 4(1)(a) Welfare of users and Regulation 10(2)(a) Fitness of premises 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: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes, and choices.' (HSCS 5.21).

Areas for improvement

1. The provider should review and make changes to snack routines so that children have opportunities for developing their independent living skills in a relaxed and sociable atmosphere.

This should include, but is not limited to, ensuring children can access drinking water at all times and can choose when they wish to eat.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35) and 'I can drink fresh water at all times' (HSCS 1.39).

2.

To support children's wellbeing, learning and development the provider should ensure staff access training appropriate to their role and can apply their training in practice.

This should include, but is not limited to, training in child protection and first aid training.

This is to ensure that care and support is consistent with the Health and Social care standards (HSCS) which states that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

How good is our setting?**2 - Weak**

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

Quality Indicator 2.2: Children Experience high quality facilities

The service had moved to a new setting since their last inspection. The premises were bright, clean and maintained to a good standard.

Children attending the service had access to a large and small hall to support their play experiences. However, children attending the service on a Tuesday had restricted access to their registered space until 16:00. This impacted on children's care, play and learning. We found the number of children within the smaller room exceeded the expected capacity for the space. Children were limited in their choice and couldn't access resources to direct their own play. This impacted on children's safety, welfare and opportunities for meaningful play experiences. We issued a requirement during our inspection to ensure children could access suitable spaces to meet the conditions of registration and children's needs. (See Requirement 1).

At the time of writing this report the provider was reviewing the provision to ensure children needs were met and the premises were being used in a manner that was agreed with the Care Inspectorate.

Within the main hall there were several large tables and chairs. However, there were limited toys and materials for children to explore. Some resources were difficult for children to access, for example, there was a large box of books placed on the table. This meant children could not see what books were available. We discussed the importance of involving children in evaluating how their play space and materials should be improved. (See quality indicator 1.3 requirement 2)

Children did not have access to outdoor play. Children commented "some days [staff] let us out, but not very often, once a month maybe" and "we haven't been outside for half a year." Whilst we recognise that the current landlord did not permit children to play in the outdoor space, we discussed the importance of arranging opportunities to ensure children had access to fresh air and physical play opportunities, which supported their health and wellbeing. (See Area for Improvement 1).

While we were onsite, a parent was able to access the smaller hall within the premises unchallenged, as the main entrance was not secure. Whilst the setting had developed systems to ensure children's safety within the main hall, this should be reviewed to ensure children's safety within the smaller hall too. (See Area for Improvement 2).

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

Requirements

1. By 6 May 2024, the provider must ensure the accommodation used, as detailed on the certificate of registration, is suitable for the numbers and needs of the children attending the service.

This is in order to comply with Regulations 4(1)(a) Welfare of users and 10(1)(2)(a) Fitness of premises 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, 'My environment is secure and safe'. (HSCS 5.18).

Areas for improvement

1. To support children's wellbeing, the provider should ensure children can regularly access outdoor play provision.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HCSC 1.32).

2. To protect children from harm and keep them safe, the provider should ensure risk assessments are developed and followed.

This includes, but is not limited to ensuring children's safety when using the smaller hall.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that; 'My environment is secure and safe' (HSCS 5.19).

How good is our leadership?

2 - Weak

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

Quality Indicator 3.1: Quality assurance and improvement are led well

Vision, aims and objectives were in place, however these had not been reviewed for several years. The service should now consider reviewing their vision and values in consultation with staff, children and parents. This would enable them to gain a common understanding, purpose and commitment to their service, through a shared vision.

The recruitment procedure in place did not follow best practice guidance. After sampling files we concluded that not all information needed to support safe recruitment practice was collected before making a decision to appoint staff. For example, not all necessary fit person checks were completed before staff started working at the service. The provider should review and update the policy and procedures in place to reflect current best practice. This includes ensuring all elements of safer recruitment were followed to promote children's safety and to ensure suitable candidates are recruited to the workforce. (See Requirement 1).

We found that not all staff, who were required to be, were registered with the Scottish Social Services Council (SSSC). We discussed this with the manager and asked for suitable risk assessments to be put in place until staff obtained registration. (See Requirement 1).

There were no improvement or development plans in place for the service and little evidence of quality assurance processes such as, monitoring and auditing of practice taking place. This impacted on the overall quality of the service. The manager should develop quality assurance systems to support the development of the service. (See Requirement 2).

Policies were in place and outlined key information which informed staff practice. However, some of these were out-of-date and disorganised. We discussed that as part of the review process, some policies needed to be further updated/developed to reflect up-to-date information and refer to best practice as appropriate. This included the complaints, medication and child protection policy. (See Area for Improvement 1).

Most children walked to the after school club using the 'walking bus', staff positioned themselves well to ensure children safety. However, we found staff that used their cars to pick up children from schools further away, did not have the correct car insurance in place. We raised this with the provider and asked them to action this immediately. (See Requirement 3).

To help ensure important information was shared with families, parents were welcomed into the service when picking up their children. They commented positively on this and told us "we always have a run down of the day at pick up" and "there are always staff welcoming parents for pick up."

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 them if they had any issues. Parents told us that they felt the manager was approachable and caring. One parent commented "I have been able to discuss anything directly with management."

Requirements

1.

By 1 November 2024, the provider must ensure that all staff employed in the service are subject to robust recruitment processes.

To do this, the provider must, at a minimum:

- a) review and implement the safe recruitment policy, ensuring all new staff are subject to full competency checks as well as basic fitness checks prior to employment commencing.
- b) review and update the induction policy ensuring all new staff are given access to a robust induction programme.
- c) ensure professional registration is in place for all staff where required, with registration status checked as part of the recruitment process.
- d) keep clear records of all aspects of the recruitment process.

This is in order to comply with Regulation 4 (1)(a) Welfare of users and Regulation 9 (1) and (2)(b) and 2(c) Fitness of employees 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: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

2.

By 1 November 2024, the provider must ensure the service is supported to develop a culture of continuous improvement. To ensure positive outcomes for children and families, improvement is needed in relation to quality assurances systems, including self-evaluation and improvement plans.

To do this, the provider must, at a minimum:

- a) effective action/improvement plans are developed and implemented to provide a clear and robust plan for how the service will improve
- b) ensure effective systems for self-evaluation and quality assurance are implemented for all areas of the service. These systems should be aligned to best practice guidance to support the manager and staff to drive forward and sustain improvements
- c) review and further develop quality assurance processes that support the service to recognise when action needs taken and helps to identify improvements that can be made.

This is to comply with Regulations 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 which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS, 4.19) and 'I use a service and organisation that are well led and managed' (HSCS, 4.23).

3. By the 1 June 2024, to ensure the welfare and safety of children, the provider, must ensure relevant risk assessments are in place for the transporting of children.

To do this, the provider must, at a minimum:

- a) review and implement the transport policy, ensuring all staff are aware of expectations
- b) ensure all staff have relevant car insurance in place
- c) develop systems to review and audit transport being used, including appropriate checks carried out for vehicles being used
- d) ensure suitable car seats are available.

Areas for improvement

1. To support staff in their day-to-day practice, the provider should review and update policies and procedures to reflect current best practice.

This includes, but is not limited to, child protection, medication and complaints policy.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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

There had been many changes to the staff team since the last inspection. New staff had settled well into their role and told us they enjoyed coming to their work. This helped create a positive environment for children.

Staff worked well together, sharing information throughout the session. Staff were aware of the importance of supervising children to ensure they were safe. For example, when children went to the toilet, checking doors and chatting about safety with children.

Overall there was enough staff in place to care for children. However, at some key points during the session it was difficult for staff to meet children's needs. For example, staff were present with children at snack times. However, we found staff to be focused on tasks and giving instructions. Further consideration could be given to staff sitting alongside children and engaging in natural conversation. This would help promote social connections and nurturing approaches.

Informal discussions between staff helped share information about the service. The manager explained that due to time limits of use of the building, this was not always regular. However, they had plans to develop their approaches to ensure there were more opportunities for staff to come together to discuss importance information. We agreed that this would be beneficial in supporting positive outcomes for children.

Although new staff received an induction covering some important information about the service, greater opportunities for regular reflection and support would help identify any gaps in staff skills and knowledge. We signpost the manager to the 'National Induction Resource' to support this.

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

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