

Bankhead After School Care Service Day Care of Children

Bankhead Primary School
66 Caldwell Avenue
Glasgow
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Telephone: 07305 469 195

Type of inspection:
Unannounced

Completed on:
14 June 2024

Service provided by:
Jacqueline Ross trading as Bankhead
After School Service

Service provider number:
SP2014012333

Service no:
CS2014328456

About the service

Bankhead After School Care Service is an out of school care service in a suburban area of Glasgow. The service is provided by Jacqueline Ross trading as Bankhead After School Care Service and operates from Bankhead Primary School in the Knightswood area of Glasgow.

The centre can accommodate a maximum of 16 children of school age. The service operates during term time only.

The accommodation consists of use of the school dining hall with access to catering facilities. There is direct access to a small outdoor play area from the school dining hall. The service can access the school gym hall and playground. There are toilet facilities for children and staff. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 12 and 13 June 2024. 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 using the service
- reviewed feedback from four parents and carers whose children attend the service
- spoke with the provider/acting manager and a staff member
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Staff used kind and nurturing approaches which made children feel welcome and contributed to positive relationships.
- Personal plans should be further developed to ensure they fully support meeting all children's needs.
- All children attending had fun and were happy. Experiences provided were child-led and responsive to the children's interests.
- Children should have daily opportunities to access fresh air and active and physical play outdoors.
- The service had made improvements to self-evaluation exercises. These should continue to be developed to ensure continuous improvement of the service.
- The provider/acting manager and staff member routinely engaged in a range of professional learning activities that built on and sustained their practice.
- The service had made improvements to their safe recruitment checks to ensure staff were recruited safely.

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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 1.1: Nurturing care and support

Staff were nurturing and caring towards children in their interactions and responded warmly to children throughout their stay in the service. This helped children feel safe and secure. Quality interactions and engagement were taking place between children and staff. Children were confident in approaching staff and talking to them. Staff were interested in what the children had to say and listened and responded. This contributed to the positive relationships children had with staff and supported children to feel respected and valued.

Children attending were happy. Children played together and had developed friendships which enhanced their wellbeing. One parent who provided feedback shared with us, "I love the afterschool club, they have been fantastic with my daughter and she always loved going."

Staff knew the children well which meant they were able to respond to their individual needs and preferences. One parent who provided feedback shared with us, "There is great communication with the staff, it's easy to make them aware of any issues my child has and they are very helpful and supportive."

The service had made improvements to the process of personal plans for children. There was a written plan for each of the children and these were created in partnership with parents and carers. Almost all parents who provided feedback shared with us they are fully involved in their child's care, including developing and reviewing their personal plan. Plans included a registration form which recorded children's health and physical needs and an additional record linked to SHANARRI indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included). Staff supported children to be involved in the completion of these. This recognised the importance of valuing children's input and parents and carers knowledge of their child. We discussed with the provider/acting manager the benefits of having more detailed plans in place for some children. Some plans required more information to fully meet children's needs, to include the recording of strategies staff were using from external professionals to support children's care, play and learning (see area for improvement 1).

Children were offered a snack. A dedicated snack table meant they had could eat at their own pace without interruption. This was an unhurried and sociable experience with children initially coming together. We saw children leaving the table and later coming back for some more snack. Drinking water was available for children throughout their stay in the service to support children to keep refreshed and hydrated. Staff were aware of children's dietary requirements, contributing to children's safety and wellbeing. We discussed with the provider/acting manager children's independence could be encouraged with the preparation of their snack.

Children attending the service on the day of inspection did not require any medication. The service had a medication policy in place and had a medication proforma ready if a child attending required this. We were satisfied medication would be administered and stored safely.

Quality indicator 1.3: Play and learning

We saw children attending were having fun. They were confident in their play and learning. Staff set out activities for the children's arrival based on the age groups of the children attending and their interests. Children chose freely from the activities on offer which supported their confidence and independence skills. Children told us they loved coming here and staff were fun. One parent who provided feedback shared with us, "She feels safe and gets the chance to mix with other kids from school she wouldn't normally get to play with."

Staff supported individual children to follow their interests. Children were comfortable asking for resources not set out and staff responded timeously to children when they asked for changes to activities. Children were using construction materials to design and create models. They were exploring their physical skills and movement and co-ordination with the hoops. Children were listening to the directions for the game twister and carrying out the actions. Staff engaged with children in their play. There was a good balance of staff joining in activities with children and children also given their own space and time to play.

The service had made improvements to involving children in the planning and recording of the activities they would like to participate in and we could see some of their suggestions had been taken forward. This was in the early stages and we provided suggestions of ways children could contribute to the planning. This would support children having increased responsibility and ownership of the service.

Children did not spend time outdoors on the two days we visited the service. On the first day children were invited to go outdoors to be involved in planting seeds, the children chose not to do this. We discussed with the provider/acting manager to consider setting out resources outdoors which interest the children and would support children accessing fresh air and active and physical play every day. Children told us they do go outdoors within the service and almost all parents who provided feedback shared with us their child has the opportunity to play outdoors.

Areas for improvement

1. To support children's care and play the service should ensure individualised personal plans are reflective of children's current health and welfare needs and meaningful strategies are identified and recorded to support children.

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

How good is our setting?**4 - Good**

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 2.2: Children experience high quality facilities

The service was clean, bright and well ventilated. The service uses the school lunch hall and had access to the kitchen facilities to prepare snacks.

Activities were available on tables and there was a cosy space of bean bags and a rug for children to rest and relax. Lunch tables were set up in the lunch hall, restricting the use of the children's play space. The provider/acting manager told us the school had looked into the possibility of moving and storing these. This had proved challenging and could not be achieved.

There were a wide range of resources stored in containers which staff and children could access quickly and easily on request from a large cupboard space within the hall. The area provided a space for confidential paperwork to be stored safely and securely.

Staff carried out opening and closing checks of the premises to ensure the environment was safe and secure. In accordance with their procedure, maintenance was reported to the school janitor for repair. There were ongoing repairs being carried out in relation to water damage to the walls in the stairway. Children use this area to come into the service from school and when using the school toilets. We discussed with the provider/acting manager recording the reporting of maintenance on a log. This should include the recording of the completion of any repairs. This will contribute to outstanding repairs being easily identifiable, for any follow up action to be taken.

Staff support children from primary one to three to go to the children's toilets. All other children can go to the toilet on their own. We discussed with the provider/acting manager the potential of children going into empty classrooms and the risks this could bring. We asked the provider/acting manager to create a risk assessment to minimise the risks of children coming to harm, to support their safety and wellbeing.

Children can access the gym hall on a Friday. They have use of the school playground and children have direct access to an outdoor space. In our previous inspection we had concerns around safety and security of the outdoor space when children are playing outside. Children could easily leave the service or unauthorised personnel could access the space when children are playing outdoors. The provider had purchased a boundary stop no go area board to be placed at the bottom of the steps and had updated the risk assessment to reflect this change. The provider should continue to review this on a regular basis to support children's safety.

Children washed their hands when coming into the service and before having snack. Tables were cleaned before and after snack. We reminded the provider/acting manager children should wash their hands after snack too. We observed some children doing this on the second day of our visit.

How good is our leadership?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 3.1: Quality assurance and improvement are led well

The provider/acting manager was friendly, approachable, and engaged well throughout the inspection. We could see children and staff knew them well. The provider/acting manager had completed the first year of their childhood practice qualification which involved night time study, showing their commitment to learn and extend their knowledge, skills and practice. A staff member had attended training courses and shared how they had used their recent professional learning in additional support needs to support them in the care, play and learning provided to children attending the service.

The service had a strategic plan for improving the service and had identified developments to the outdoor space a service priority. Children and staff were being supported to engage in the journey through tasks of planting and there were plans of growing their own produce to use for snacks and the development of a rest area for children. This has the potential to improve outcomes for children and contribute to their health and wellbeing.

The service had continued to involve parents and carers in self-evaluation. A survey had been distributed to parents and carers which included feedback on the activities provided, indoor and outdoor environments and an opportunity to provide suggestions and comments to improve the service. The provider was collating the responses and had started to use these to support with improvements to the outdoor space.

The service had begun to involve children in improving the service. Consultations had taken place on the activities they would like to do and what they would like to have for snack. Some of the children's suggestions had been taken forward. We discussed with the provider/acting manager, consulting regularly with children for changes to be made has the potential to improve outcomes for children and support with increased ownership and responsibility within the service. Fifty percent of parents disagreed when asked the question 'My child and I are involved in a meaningful way to the develop the service'.

Daily informal meetings took place with the provider/acting manager and staff member to discuss plans for the day and sharing of information for any updates in relation to children. This contributed to good communication across the team to support children's care, play and learning.

The provider/acting manager had made improvements to ensure staff were recruited safely in accordance with our good practice guidance 'Safer Recruitment through Better Recruitment.' This contributes to supporting children's safety and wellbeing.

How good is our staff team?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 4.3: Staff Deployment

There was a small core staff team who were continually present to care for the children. Numbers of children attending the service on our visits were low. The provider and one staff member were deployed within the lunch hall. A staff member went upstairs to the school to collect younger children in primary one and two. Older children came into the dining hall themselves and were welcomed by the provider/acting manager. This supports children to feel safe, secure and valued.

We discussed with the provider/acting manager giving more consideration to the deployment of staff indoors and outdoors to meet the needs and wishes of the children on busier days. The provider shared with us she had emergency staff who could help with cover. Having additional staff in place has the potential to enable staff to improve outcomes for children.

The provider/acting manager and staff member worked well together and supported one another during the service. We observed examples of communication and team working taking place. They informed each other when leaving a space. This supported children's safety and wellbeing.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 18 September 2023, the provider must not employ any person in the provision of a care service without receipt of suitable safe recruitment checks to safeguard children who use the service. Policy and practice must take account of the good practice guidance Safer Recruitment through Better Recruitment.

This is to comply with Regulation 9(1)(b) 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 confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 1 September 2023.

Action taken on previous requirement

References had been received and a Protecting Vulnerable Group update had taken place.

Met - within timescales

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 support children's care and play the service should ensure individualised personal plans capture children's health and welfare needs and support children to reach their full potential. Consideration should be given to, but not be limited to the following areas:

- personal plans are reflective of children's current health and welfare needs and meaningful strategies are identified and recorded to support children.
- plans should be created and reviewed in partnership with children and parents and carers as a minimum every six months.

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

This area for improvement was made on 1 September 2023.

Action taken since then

Personal Plans were in place for children. Parents and carers contributed to the plans.

A SHANARRI record was included as part of the plan. This was completed by staff with children's involvement.

There was a record of information and strategies provided from external professionals. These were not recorded within the plan. A child's plan required more information in relation to when medication may be required for a health condition.

The area for improvement had not been met. Please refer to 'How good is our care, play and learning?' for further information.

Previous area for improvement 2

The service should continue to implement a robust system for monitoring and evaluating the quality of the service as a whole. Consideration should be given, but not limited to the following:

- Regular involvement of children, staff and parents in evaluating the quality of the service.
- Regular involvement of children, staff and parents in improving the service and reviewing progress on the developmental priorities.

This is to ensure that care and support is consistent 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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 1 September 2023.

Action taken since then

The children had been involved in consultations to include what activities they would like to do and what they would like for snack. A staff member had recorded the children's responses. Some of these suggestions had been taken forward within the service.

A parent's survey had been issued and the service was in the process of collating the responses and had begun to use these to support with improvements to the outdoor space.

The area for improvement had been met. Please refer to 'How good is our leadership?' for further information.

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?	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?	4 - Good
4.3 Staff deployment	4 - Good

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