

Holy Cross Out Of School Club Day Care of Children

Holy Cross Primary School
Craighall Road
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Type of inspection:
Unannounced

Completed on:
17 May 2024

Service provided by:
Holy Cross Out of School Club

Service provider number:
SP2003002888

Service no:
CS2003011973

About the service

Holy Cross Out of School Club is registered to provide a care service to a maximum of 56 children at any one time aged between 4 years and those of primary school age.

The service is delivered from Holy Cross Primary School within the district of Trinity, Edinburgh. The service has the use of the school dining room, the school gym hall, a kitchen area and toilets. There is a large outdoor play space directly accessible from the main play area in the dining hall.

The service is located near to shops and amenities and has good transport links.

About the inspection

This was an unannounced inspection which took place on Wednesday 15 May 2024 between 14:30 and 17:45. We returned to complete the inspection on Thursday 16 May 2024 between 14:15 and 17:30. 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:

- spent time and spoke with children using the service
- spoke with several of their family members both face to face and via an online feedback form
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

Key messages

Children were happy, confident and well settled in play.

Staff interactions were kind, warm and supportive. They knew children well and were committed to meeting their needs.

Gaps in the knowledge and understanding of medication needs and personal plans meant that some children's needs were not fully understood or planned for.

Self evaluation and quality assurance procedures were in the early stages of development. The service should continue to build on this and use best practice documents and guidance to benchmark their practice against.

The deployment of staff with a good mix of knowledge and skills was having a positive impact on outcomes for children.

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?	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, and clearly outweighed areas for improvement.

Quality Indicator: 1.1 Nurturing care and support

Children were happy, confident and relaxed in the service and had developed positive, nurturing relationships with each other and staff. Many told us they loved coming and felt listened to by staff which meant they were valued as individuals and felt that their views mattered. Staff interactions were warm and fun but also reassuring and comforting when children needed support. For example, to manage any minor disputes or any bigger emotions. One family told us, "What I love is how they get to know children, see when they are tired, need affection or reassured. They do it really well." Many commented on the kindness and friendliness of staff, with one telling us, "They are like an extended family to me and my child".

Family's were central to the ethos of the service. This created a sense of belonging and trust and enhanced genuine connections. One family told us, "The staff are always available to give me an update on my child's time at the club; what he's been up to, who he has played with that day, or any problems." Another said they had complete trust in the staff in the care of their child. These meaningful relationships had been built in part due to the inclusive access for families to the setting which enabled for informal chats or to get involved with their child's play. This enhanced children's feelings of emotional attachment and security.

Children's agency and ability to make choices could be improved by allowing for a smoother start to the session. Children had to wait to be signed into the club for a considerable time. This also raised the noise levels of the club, and impacted on the nurture and relaxation of children who were eating snack. Continued reflection on these routines would be of benefit moving forward, though the manager was already supporting staff to consider changes.

Children's health and wellbeing was enhanced through varied, nutritious snacks provided by the service. These experiences provided children with opportunities to eat, relax and socialise with their friends. To provide children with opportunities to develop skills through real life experiences such as mealtimes, the service could consider how to involve them in the planning, preparation and cleaning up of snack. There were some missed opportunities for staff to socialise and strengthen bonds with children as they were often more task focused at this time. Sitting with children and interacting with them would also help to keep them safe in the case of any allergies, for example.

Children's personal plans needed further work to promote continuity and consistency of care for all children. This had been recognised by the new manager who was in the process of collecting children's views through an 'all about me' sheet. Moving forward, this information should help staff to plan and provide for individual wishes or any strategies of support. Staff should continue to reflect on the kinds of information collected. Focusing on what is meaningful and matters to individual children would help to make these robust, working documents to support the evolving needs of children over time. Currently, some information within these had been missed, particularly for children who may have an additional support need. Some had not been reviewed within required timescales which meant important information was potentially missing to fully support individual children. The staff team should continue to reflect on and review these plans with children and families to ensure they are meaningful, working documents. They should be reviewed with families at least every six months or before, as and when things change (**see area for improvement 1**).

To ensure children have their health needs met, all staff should have a clear understanding of each child's health and medical needs so that they can respond to these effectively. The knowledge held around medication needs was inconsistent across the staff team which meant there may be potential for a delay in children receiving the support they needed. We signposted the service to 'Management of medication in day care of children and childminding service' (Care Inspectorate 2014). Reviews should be undertaken with families at least every three months (**see area for improvement 2**).

Quality indicator 1.3: Play and learning

All children were meaningfully and actively involved in leading their play once signed into the service. Opportunities for children to play and explore their ideas were available through experiences such as construction, art and role play. Children of different ages played together which encouraged collaboration, sharing resources, responsibility and empathy. Some well-considered experiences were evident in planning such as soap making and badge making which enriched children's play and learning. One family told us their child had, "...really enjoyed some of the more structured art activities and was so proud to show off badges and keyrings they have made."

To ensure children of varying stages of development continue to enjoy a broad range of play opportunities that reflect their interests, staff should continue to reflect on the different spaces and experiences within the environment. Introducing a range of real-life items or loose parts to play spaces may provide opportunities for children to enhance or develop more creative thinking, and offer further experiences to be imaginative or solve design problems.

Outdoors provided a range of opportunities for physical play and development. Children's health and wellbeing was promoted through opportunities to climb, bounce, swing, construct, ride scooters and bikes. One family told us, "(My child) has recently really enjoyed climbing one of the small trees in the playground - he felt a real sense of achievement and it was a joy to hear about and to see him in action when I picked him up. Staff were outside with him and his friends and it felt very safe but fun."

Imagination and sensory opportunities were provided through availability of sand and mud play, and children were absorbed in pretending to plant. Staff should reflect on these experiences and extend them, for example by giving children real opportunities to plant and look after living things. Use of effective questioning and encouraging critical thinking by, for example, involving children in assessing and managing their own risk would encourage children to develop this life skill for themselves. We signposted the service to the Play Work principles (Play Scotland/Play Wales, 2005) to support staff with reflecting on their role in providing good learning opportunities for children.

Some children's interests were being responded to through planning systems. These had recently been improved to include reflections on children's participation, which allowed staff to provide further experiences depending on interest. This facilitated the planning for child led experiences, and as a result, children were happy, confident and making progress.

Experiences of children's play and learning were being shared with families through the recent introduction of an online app. This further promoted connection between the service and families. Most of these observations were generalised stories informing families of experiences available within the club. To enhance opportunities to track individual interest or development, staff could consider how to make these more specific to individual children. This would provide staff with a clearer picture of each child over time which could be responded to in planning and monitored for success. This would also provide opportunities to further celebrate achievements and enhance plans for individual children.

Areas for improvement

1. The service should ensure all personal plans capture meaningful details of children's needs, interests, dislikes and wishes as well as any strategies of support with parents or carers. All plans should be reviewed every six months, or earlier as and when things change. This will allow the service to reflect and plan for the changing needs of children over time.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

2. To ensure children's health and medication needs are met and clearly understood by all staff, the provider should ensure all medication information is clear, shared with staff, and provides them with the level of detail needed to respond to medical needs effectively and safely.

This should include, but not be limited to, having a plan detailing all identified health and medication needs, dosage which reflects prescribed labels, and how staff should support a child in a stepped approach. The detailed plan should be stored with the medication for accessibility, along with administration forms. Any back up medication required to support children who self administer should be present within the service.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state that "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, and clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children's overall wellbeing was enhanced through a spacious, well-ventilated environment with plenty of natural light. Designated areas for play and eating promoted children's comfort and supported engagement. Children had an area for rest in a quieter space of the playroom with rugs and cushions where they enjoyed playing and some reading. The service could extend this further to give the setting more of a homely feel. Some more comfortable seating and the inclusion of more age and stage spaces and experiences would ensure that all ages were appropriately provided for. For example, adding more sensory experiences and a selection of open-ended items to arts and crafts. This would add intrigue to spaces and invite children to further explore, construct and create. Moving forward, the staff should involve children in planning the environment so that it reflects their interests.

The large outdoor playground allowed for a free flow indoors outdoors environment which promoted and valued children's choice of where they wanted to play. It was a welcoming environment and provided children with a broad range of play opportunities. Staff risk assessed the area to ensure it was safe and secure, and were available to supervise larger playground equipment or engage with children in play. The open shed enabled children to select from a range of active play resources to enrich and enhance their play.

Systems were in place to keep children safe. For example, registers, signing in using the online platform, and checks made to ensure children were present in other clubs if they were coming to the after school club later. Children's safety was also being supported by forms which monitored the cleanliness and maintenance of the environment. Due to recent changes within the staff team, it would be beneficial to review any risk assessments so they are fully understood and everyone is clear on current procedures. This would also give staff the opportunity to add anything they feel may be currently missing, for example, assessing risk for younger children leaving the room to go to the toilets.

Some procedures were in place to reduce the spread of infection and keep children safe, for example, washing hands prior to snack. However, this practice was not fully embedded, and didn't extend to when children had finished eating, or when they came in from play outdoors. Younger children may also need further support and supervision to ensure this is carried out effectively. We signposted the service to 'Health protection in children and young people settings, including education' (Public Health Scotland, 2024).

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 improvement are led well

There was a clear ethos around building positive relationships and working in partnership with families. The new manager had focused on creating a positive culture within the team that supported improvement, and staff were beginning to engage in discussion and reflection around improvements. Renewing their vision and the aims of the service would be beneficial for the new team. This would allow everyone to gain a common understanding, purpose and commitment to their service. It would also support the manager to identify any training needs to empower staff in their care and support of children. For example, staff reflection on the Play Work principles could further enhance children's play experiences.

Quality assurance and self-evaluation were in the early stages of development. The manager had developed an action plan to support sustained, achievable improvements and had begun involving staff in reflection sessions around core areas. This was beginning to have a positive impact such as with the evaluation of existing personal plans. Moving forward, all staff should have input into the development plan, so they have ownership of it and it promotes a shared responsibility for improvement. The development of an effective quality improvement calendar could support staff around important quality assurance tasks such as reviewing personal plans and medication needs. Using best practice guidance to benchmark the service against would support staff to evaluate their own practice and the provision of high-quality play and learning experiences. Encouraging children's involvement within this would ensure their voice was heard within the process. This would promote a more robust system of self-evaluation and reflection and a cycle of continuous improvement.

Overall, children and families felt involved in the service and able to influence some change. In feedback to us, almost all families felt their views were taken into account. One told us, "(the new manager) has made significant positive changes since joining - really building on the positive environment the previous manager created, and they have kept parents up to date along the way." The service regularly engaged in discussion with families at pick up about the service. As the new team further develops, they could look at how they can more formally gather feedback from families and use this to inform future change in the service. This will ensure it continues to evolve to suit their community.

The service was aware of some notifications which are required to be submitted to the Care Inspectorate. To support them to ensure they meet all required responsibilities around these notifications we signposted the service to, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020). This would ensure children's health, wellbeing and safety were externally assured.

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

Deployment and levels of staff were effective in providing for high quality outcomes for children. The manager worked alongside staff and supported them throughout the session. As a result, the manager was vigilant and responsive to situations as they arose, for example to help children to get resources as requested. Moving forward, as the new team grows, having the manager supernumerary at times would further support staff supervision and mentoring. This would encourage further development across the team to support outcomes for children.

Systems were in place to deploy staff to collect younger children from nursery, and to check where children were if they attended other clubs and were due to come to the after school club later. This ensured children were kept safe from harm. Arrangements to support busier times of the day, such as pickups and snack times were well planned. One member of staff was allocated to the door which resulted in positive transitions and staff engaging well with families. This meant other staff could continue to support children's play, whilst another engaged in valuable dialogue with parents and carers.

The manager checked in on staff regularly, and planned appraisals and team meetings would continue to support them to identify any further development needs. These processes took into account staff wellbeing, and enhanced communication between the team. This showed the service considered the needs of both staff and children to strive towards positive outcomes for children and families.

The staff team had a varied and well rounded mix of skills, knowledge and experience to build on and support each other. Overall, they were flexible with each other throughout the session. They communicated well with each other when they needed to leave an area, or if they required any extra support. Transitions were well planned for and supported children to feel at ease. For example, having staff deployed and planned strategies to support transitions between the club and school or nursery where required. This resulted in children receiving high levels of care leading to positive outcomes. One family told us, "The club provides huge reassurance to me as a parent. I know my child is safe, happy, having fun, and really enjoys themselves when they are there. That is priceless. The staff are amazing - they know my child well."

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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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