

Upstairs Kids Klub Day Care of Children

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Type of inspection:
Unannounced

Completed on:
2 August 2024

Service provided by:
Committee of Upstairs Kids Klub

Service provider number:
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Service no:
CS2006140770

About the service

Upstairs Kids Klub is a daycare of children service which is registered to provide care for a maximum of 88 children aged from birth to 16 years. The service operates from a converted space within an office building in Cambuslang, South Lanarkshire.

Children are cared for across one level within dedicated playrooms, with access to toilets and an enclosed garden. The service is close to local shops, schools, transport links and other amenities. At the time of the inspection, there were 51 children present.

About the inspection

This was an unannounced inspection which took place between 31 July and 2 August 2024, between 09:45 and 18:00. 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 and received feedback from 11 of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy, settled and confident in the setting.
- Staff interactions were kind, warm and nurturing, helping children feel loved, safe and secure.
- Children had fun exploring different toys and materials, supporting their play and learning.
- Improvements were needed to nappy changing areas.
- Some spaces could be further developed to provide cosy and homely areas for children to explore.
- Quality assurance processes in place supported the management team to identify their priorities to support continuous improvements.

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, 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, settled and confident in the setting. They experienced interactions from staff that were warm, kind and nurturing. Staff were responsive to children's cues and requests, helping them to feel valued and supported. For example, offering cuddles and comfort when children were upset. Parents commented positively on the care their children experienced and told us "the staff go above and beyond for the children in their care. [My child] is well looked after." One child commented on staff and told us "they give us cuddles when we are sad."

A consistent approach to seeking children's views and listening to their voice was clear across the setting. This meant that children felt listened to and their opinions mattered. For example, asking children if they wanted to be changed, or if they would like a cuddle as a method of comfort.

Staff knew children well and personal plans contained information about their likes, dislikes and medical information. This supported staff to get to know children when they started, helping to meet individual needs. However, these needed to be reviewed with parents to ensure these were clear and contained up to date information. At the last inspection, an area for improvement was made in relation to personal plans. Whilst we acknowledged personal plans were in place, improvements were needed to these. Therefore, we have repeated this at this inspection. (See area for improvement 1).

Positive relationships had been developed between staff and families. However, we noted some parents did not get past the main entrance and waited for their children in the foyer area. We discussed ensuring all parents were welcomed into the service when dropping off or collecting their children, helping to strengthen connections and relationships. We signposted management to the Care Inspectorate's document 'Me, my family and my childcare setting.'

Children experienced calm and unhurried mealtimes. Their independence was supported through choosing and serving their own meals. They enjoyed sitting chatting with their peers, contributing to their social development. Meal options were nutritious, helping to support children's wellbeing. We provided some suggestions to further enhance the lunchtime experience. For example, putting serving dishes on the table rather than at a separate area. This would help increase staff interactions and supervision to support children's development and safe eating.

Children's personal care needs were met in a sensitive and supportive manner. For example, nappy changing and children were able to sleep in response to their needs. Children had their own bedding and appropriate sleep equipment supported safe sleeping, such as, cots, sleep beds and mats. We discussed improvements needed in the baby room nappy changing space and we have reported on this under 2.2 High quality facilities.

Medication systems were in place to support the safe administration of medication. Medicine was stored appropriately and paperwork was easily located. However, we discussed with management on streamlining

medication systems to help ensure it is clear, easy to follow and reflects the settings medication policy. This should include ensuring signs and symptoms are clearly recorded.

Quality indicator 1.3: Play and learning.

Children had fun exploring toys and materials, helping to support their development, choices and wishes. Opportunities for exploration of real life items included lemons, oranges, cucumber, herbs and spices. This supported children's sensory development. For example, they were chopping, feeling and smelling these during their play. In addition, most children enjoyed playing with sand and water, with various materials such as dinosaurs, shells and petals to support their play. However, we discussed ensuring there was enough sand and water for children to explore. Furthermore, we suggested more staff supervision in some spaces may be needed to support children's experiences.

Older children explored a variety of materials to support their interests. For example, pool table, beads, loom bands, arts and crafts. Staff were responsive to children's gestures and emotions. For example, staff supported children with opportunities to engage in games and play, helping to support their wellbeing.

Opportunities for children to transport toys and materials took place throughout the day. This included children moving cars and wooden ramps to deepen their thinking, helping to support their schematic play. However, we discussed some missed opportunities within the younger children's room to fully support this and management agreed to review. Schematic play, or schemas, is when children repeat the same actions or ideas during their play. This helps them to learn about the world around them.

Children's literacy and numeracy was supported through a variety of ways. For example, children enjoyed hearing stories and songs from staff. In addition, some children were engaged for a significant period of time in shape magnets, promoting their problem solving and imaginative play through creating structures.

Imaginative play was supported through a variety of opportunities which included play dough, dressing up items, role play and construction. Some children particularly enjoyed exploring boxes and climbing inside of these and hiding. Other children were observed accessing dressing up clothes such as hats, walking sticks and bags, whilst younger children used 'phones' to phone home and used 'food' items to cook dinner. This helped nurture children's imagination and natural curiosity, deepening their thinking. Parents commented positively on their children's play experiences and told us 'our child likes role play with the kitchen and dolls. And loves drawing and being creative.'

New planning systems had recently been introduced and was at the early stages of being implemented to support children's learning and progression. We discussed with management on continuing to review planning approaches to help ensure that they are effective in ensuring breadth, depth and challenge to support children's development and to help them achieve.

Whilst children did not have free flow access to outdoors, they were supported by staff to access outdoor play and the wider community. Older children had opportunities to explore their wider world. For example, going to parks and farms. Some staff were trained in forest schools and had been introducing these opportunities to children, whilst younger children explored forest areas with their families and staff. This contributed to children's connections with their community and opportunities for them to connect with nature. Children told us "I really like the trips, we get to go on lots of trips. [Staff member] asks us where we want to go and we get to go there" and "I like when we go outdoors, we play tig, hide and seek, we also play Mermaids game. Today we are having a water fight."

Areas for improvement

1. Although we had no concerns about how care and support was provided, written personal plans needed to be improved. These needed to record the agreement between parents and staff about how the child's health, welfare and safety needs would be met, and plans must be in place within 28 days of a child starting the service. Plans must be reviewed at least once in every six months.

This is to ensure that 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, and I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 1.15).

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: High quality facilities.

Children experienced a warm, welcoming and supportive atmosphere, helping to ensure they felt safe in the setting. Spaces were provided for children to store their personal items, which promoted a sense of belonging. For example, their shoes, jackets and bags.

Children aged three to five years were able to move about the setting to different playrooms to play. Children were confident in this routine and this reflected their choices and wishes. For example, between playroom and nurture room. Secure entrances helped ensure children were safe to do so. All children were able to access toys and materials stored at their height, helping to support their play. Staff were mindful to offer support when children needed assistance.

Playrooms had been created to reflect children's age and stage of development, such as appropriate toys and ample spaces available to support children's emotional development in each room. However, further increasing soft furnishings and materials would help to create more cosier and warm spaces for children. In addition, some areas could be softened to provide a more homely and nurturing environment. For example, book corners and soft furnishings.

A number of safety measures were in place to help protect children from harm. This included hand washing, cleaning of surfaces, secure entrances and the safe storage of hazardous materials. Furthermore, staff changed their outdoor shoes to indoor shoes when caring for children, helping to reduce the potential spread of infection.

Improvements were needed to the baby room nappy changing area. This included ensuring this was a self-contained nappy changing space for children under two years old. In addition, management should ensure unnecessary items are not stored in bathrooms. Therefore, we have made an area for improvement to reflect the improvements needed. (See area for improvement 1).

Areas for improvement

1. To support children's wellbeing and protect their dignity and privacy, the provider should ensure nappy changing facilities are reflective of current best practice.

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

'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

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.

Management was welcoming during the inspection and were receptive to feedback given to support continuous improvements. They were committed to their role and were keen to share their journey and plans moving forward.

Through self-evaluation processes, management had identified their improvement priorities. For example, improvements to play experiences for children. Good use had been made to reflecting on national frameworks to help identify and shape priorities. For example, the Care Inspectorates Quality Framework. Families had been invited to share their views on improvements and contribute to plans. Parents told us 'we are asked our opinion and there are slips we can put suggestions on' and 'the service are always asking for parental views about how to make the service better.'

Most parents felt communication from the service was good and they felt informed. Comments included "verbal communication at pick up and drop off is great" and "staff are always keeping us up to date with our child's progress and learning." However, some parents commented they felt communication could be better. During discussions with management, they discussed they were in the early stages of rolling out new communication methods and were piloting new ways of working. They provided assurances all families would be part of these methods in the very near future, helping to support communication.

Informal monitoring of staff practice and skills took place through in the moment discussions and sharing of best practice. However, we discussed formalising this to help enhance staff skills, knowledge and confidence. Management agreed to review this.

Staff recruitment processes were in place to ensure staff were safely recruited. This helped ensure that the right people were employed to care for children. Management told us they had recently began using the 'National Induction Resource' to support staff and shared they would be using this going forward.

A number of policies were in place and reflected current best practice. For example, child protection policy helped ensure there were clear procedures in place to keep children safe. Audits were carried out to review a number of procedures. For example, medication, accidents and incidents. We discussed with management on reviewing these to ensure they were simpler and effective in identifying gaps, with appropriate action.

A programme of training was in place to help support staff as practitioners. Staff were involved in

identifying their training needs through appraisal systems. Staff spoke about how training had influenced their practice. For example, forest school training. We discussed developing approaches to record staffs reflections on training and how this has contributed to creating positive outcomes for children and families.

How good is our staff team?

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 4.3: Staff deployment.

Staff were responsive to children's cues and requests, supporting them during their play. Children enjoyed adult interactions and sought more of these. Parents commented positively on the relationships between their children and staff, commenting "relationships with staff are positive and it is clear staff have love for the children they care for." Children told us "I like colouring in with my friends, I like lunch time and I like when teachers draw me a picture."

Whilst we had no concerns on children's needs being met and the staff to child ratios met the minimum requirement, there were times children would have benefitted from adult engagement. For example, during play. We discussed reviewing the staffing model in the younger age rooms to help ensure staff were not stretched during the day. This would contribute to reducing missed opportunities to support children's learning and development. Management had identified this as an area of improvement and we were satisfied with their plans to address this.

New buzzer systems had been introduced to ensure secure entrances, keeping children safe. However, whilst each buzzer connected to each room, staff were unable to 'let' parents in and had to leave their room to open the door. This meant that this took staff away from their room and children. Management agreed to review this to reduce staff movement and potential interruption to children's care, play and learning.

A number of policies and procedures were in place to support staff wellbeing, health and morale. This included recognition of staff skills and achievements, incentives, social events and an open-door policy. Management had become familiar on new legislation reflecting staff wellbeing and staff commented positively on feeling supported at their work.

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

Although we had no concerns about how care and support was provided, written personal plans needed to be improved. These needed to record the agreement between parents and staff about how the child's health, welfare and safety needs would be met, and plans must be in place within 28 days of a child starting the service. Plans must be reviewed at least once in every six months.

This is to ensure that 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, and I am fully involved in developing and reviewing my personal plan, which is always available to me'.

This area for improvement was made on 20 May 2019.

Action taken since then

Whilst each child did have a personal plan in place and these were initially completed in partnership with staff and families, these were not always reflective of changes in children's development, home life or likes and dislikes. Management identified this as an area for improvement and agreed to address this. Therefore, we will continue this area for improvement and review at the next inspection.

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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