

Spring OSCARS @ Canaan Lane Day Care of Children

Canaan Lane Primary School
35 Canaan Lane
Edinburgh
EH10 4SG

Telephone: 07890401204

Type of inspection:
Unannounced

Completed on:
13 June 2024

Service provided by:
Out of School Scotland Limited

Service provider number:
SP2007009266

Service no:
CS2023000008

About the service

Spring OSCARS @ Canaan Lane is registered to provide a care service to a maximum of 75 primary school aged children at any one time.

The service currently provides after school care to children who attend primary one and two from both Canaan Lane Primary and South Morningside Primary who are also currently located in the building.

The service is located within Canaan Lane Primary School in Edinburgh which is close to transport links, parks and other local amenities. The accommodation used by the service includes, a large hall, toilet facilities, office and access to the school grounds to the rear of the property. Due to the location of the toilet facilities, children are escorted there by staff throughout the session.

About the inspection

This was an unannounced inspection which took place on Tuesday 11 June 2024 between the hours of 14:00 and 18:10. We returned to continue with the inspection on Wednesday 12 June 2024 between the hours of 07:20 and 09:20 and 14.15 and 18:10.

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 registration and complaint information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff, manager and operations manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- reviewed information sent to us by email
- took into account interactions we had with some families during the inspection and also feedback we received from 17 families through an online survey.

We provided feedback to the provider's operations manager and the manager on Thursday 13 June 2024.

Key messages

Children experienced a welcoming environment and had build up positive relationships with most staff.

Children's personal plan systems needed further improvements to clearly outline when reviews are carried out in consultation with families and outline if any changes made. This would ensure that the staff have up to date information about children care and support needs.

Children experienced a variety of indoor and outdoor experiences during the session. Further progress is needed to improve children's choices and presentation of resources to enhance their curiosity, imagination and interests.

Further action is needed by the provider to improve the quality assurance processes to effectively support self evaluation and a culture of improvement. This should include progression of the improvement plan for the service and ensuring families are meaningfully involved.

Further action must be taken by the provider to improve upon their approach to staff deployment and ensure that staffing levels effectively support children's overall experiences and individual needs.

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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children experienced a welcoming and caring approach from staff. For example, on children's arrival to the setting as well as providing comfort and reassurance when first aid or additional support was needed. As a result, this helped children to settle into the session and build positive relationships with staff. We acknowledged that some staff were covering staff absences and were not known to all the children. However, systems were in place to ensure an overview of information was provided to interim staff to enable them to support children during the session. Feedback we received from families included, "I like playing with my friends. There are some good snacks. The staff are nice" and "They look after the kids well, there's always stuff going on, and my daughter generally has a good time".

Children experienced snack and breakfast routines that were unhurried and relaxed. Children were able to choose when to eat and this meant that their play was not interrupted. Children were kept safe as dietary requirements were catered for. However, staff did not sit with the children during snack due to carrying out tasks. The service were reflective of this feedback and the improvements needed to enhance children's experiences. For example, ensuring staff consistently sit with children to support social interactions and children's independence skills as well as ensuring child safety when eating. Further improvements were also needed to enable children's choice by improving menu options and to consider the presentation of foods as well as drinks to support children's hydration. Information about the snack menu should also be shared with families to support any feedback and questions they may have (**see area for improvement 1**).

Children's overall wellbeing was supported by gathering personal plan information from families. This included information about children's individual care needs, dietary and allergy needs, medical needs and strategies of support. While this information was regularly reviewed, improvements were needed to clearly document that families and been involved and any updates or changes made. For example, documenting when medication had been replaced and communication about children's individual strategies of support including medication needs. Where parents reviewed or updated personal plan information online, further clarity was needed about how this was acknowledged and documented. Systems needed to be developed to help ensure online reviews and any updated information were shared with the service in a timely manner. We reminded the service that in line with legislation, children's personal plan information must be reviewed a minimum of once every six months. This would help children to reach their full potential and ensure their changing needs and interests are effectively planned for (**see area for improvement 2**).

Quality indicator 1.3: Play and learning

Children were able to have fun and could make choices from a range of experiences throughout the session. For example, reading books, construction resources, arts and crafts and outdoor play. Feedback from families about what they liked about the service included, "I can play with all my friends. I like playing the games". However, other feedback included, "not much, because they don't have much things to do".

Play and learning experiences generally took account of children's interests and staff responded to additional requests for resources and activities during the session. However, not all children engaged in the play opportunities on arrival. For example, some children presented as restless and did not use the

resources in a purposeful way. Therefore, further action was needed to ascertain children's interests and to establish the boundaries of play. This would help maintain safety and minimise the impact on other children's experiences.

Children's 'All about me' information was currently being reviewed and this would help inform staff about activities which might engage children. Information about the weekly planning was not known by children and the opportunity to be involved in this process was limited. For example, children who were playing outdoors were unaware of the experiences available indoors. Gathering children's views throughout the week would help support the effective planning of activities and experiences in the setting.

Feedback we received from families about how to make the service better included, "More arts and crafts activities - we've done more in last few weeks and they were fun", "Having more activities to play and do", "More arts and craft supplies - the pens don't work, many of the pencils are broken" and "Maybe some more communication on what the kids have the choice to do?".

The service reflected on this feedback and we discussed further ways that they could also share information within the setting. This would help ensure families and children were aware of what was available to them and enable them to give any feedback or suggestions. We discussed that art and craft resources and loose parts play should be routinely available and well presented for children. This would support children's creativity and imagination and help ensure that there was sufficient challenge and engagement opportunities for all children (**see area for improvement 3**).

Areas for improvement

1. To support children's safety, health and wellbeing, the provider should ensure that the mealtime routines are improved. This should include staff sitting with children to support social interactions, menu options as well as the presentation of foods and drinks to support children's choice and independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose, suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

2.

To support the health and wellbeing of children, the provider should ensure that all personal plans clearly outline that these have been reviewed and carried out a minimum of once every six months in consultation with families. This should include outlining any changes or updates to the strategies of support and how these will be effectively planned for by staff.

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)'.

3. To support children's choices and experiences, the provider should ensure that play and learning opportunities and resources are improved. These should be reflective of children's interests and encourage their imagination and creativity. This should include both indoor and outdoor experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a

wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 2.2: Children experience high quality facilities

Children experienced a setting that was welcoming, well ventilated and had plenty of natural lighting. The indoor spaces were set up each day by staff to provide children a choice of resources and activities. This included a mix of table top activities and floor activities including areas to sit and enjoy a book. However, on arrival, some children did not use some of the resources appropriately and the location of activities had an impact on children's experiences. For example, the cosy book area and floor painting were located near the main entrance area and the busiest part of the room. Further consideration of the layout of the activities within the main playroom and the use of alternative spaces would further support children's choices and experiences. For example, enhancing comfortable areas for children and use of further quieter spaces to consider different types of play experiences or children's individual strategies of support (**see area for improvement 1**).

Children's safety was supported as the environment was risk assessed daily. Staff supported children's safety when they were playing outdoors and boundaries were in place to ensure children did not go beyond certain points. We discussed that further risk assessment information and prompts for staff were needed to clearly outline any potential risks to children and how these would be minimised. For example, ensuring the folding tables were not used at any point for den building and to clarify the type of berry bushes growing within the school grounds.

Outdoor experiences were limited as children were restricted by space boundaries and few resources. We discussed the service should provide alternative outdoor resources to help encourage children's curiosity and imagination. For example, children enjoyed looking at minibeasts and further resources would increase the chance of children's opportunities being extended. Additional staff deployment outdoors would also ensure the potential to miss opportunities to extend children's experiences or learn new skills were minimised. The service reflected on this feedback and advised that further resources had been ordered to support children's experiences.

To ensure safety, a consistent approach was needed to updating the register and carrying out regular headcounts to ensure all children were accounted for. The register was currently done online and access to this was not fully reliable throughout the session. Therefore, to enhance children's safety, a paper register system should be developed to clearly outline the overall number of children in attendance and the monitoring of this throughout the session (**see area for improvement 2**).

Feedback we received from some families indicated that they were not allowed into the setting and were not made to feel welcome. Families collected their children from the entrance door to the service. To help build on relationships, a secure way for parents to indicate their arrival and to enter the building should be progressed.

Areas for improvement

1. To support children's choice and comfort, the provider should ensure that the areas of environment are planned for effectively and well presented to reflect children's interests and individual strategies of support. This includes the use of quieter areas for children who may prefer this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

2. To support children's safety and wellbeing, the provider should develop effective systems to register children on their arrival and support regular headcounts of children throughout the session.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me' (HSCS 3.23).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvement are led well

The setting promoted a shared vision, values and aims and this along with staff inductions and training helped inform staff practice. However, the service was currently in a period of transition with ongoing staff and management changes. This meant that further improvements were needed to ensure a consistent approach for providing positive outcomes for children. Staff would benefit from support to reflect on practice, discuss policies and procedures, share best practice and identify potential gaps or changes needed. This would help support a consistent approach to staff practice and children's care, play and learning experiences.

Quality assurance processes including observations of staff practice were not effective to support improvements to the service. External quality assurance visits had taken place and an inhouse action plan had been developed. However, staff changes had limited the progression of some areas identified. To enable effective self-evaluation and continuous improvement, further support from the external leadership was needed to progress and improve aspects of the service. To support self evaluation and reflective practice, we directed the manager to best practice information located on the Care Inspectorate's website and 'The Hub'. For example information about personal planning and practice notes to support children's safety and experiences (**see area for improvement 1**).

Feedback we received from some families outlined that they were not meaningfully involved in developing the setting and influencing change. Whilst there was an internal action plan, an improvement plan had not yet been developed in consultation with families. Ongoing consultation with families would provide them with the opportunity to give feedback and help identify priorities within the setting. The action taken by the service as a result of feedback received should be shared with families. This would help keep them up to date and demonstrate that their views have been valued. Some feedback we received from families about what would make the service better included, better reporting of any injuries and extended closing time as well as more structured activities during a Friday.

The service did not have effective and robust systems for ensuring staff were registered with appropriate regulatory bodies, such as the Scottish Social Services Council (SSSC), which regulates the early learning and childcare workforce. We acknowledged that some new staff were still to register with the appropriate regulatory body. However, other staff were also not registered. Action must be taken to ensure staff were supported to gain and maintain appropriate registration in a timely manner. This would further safeguard children and minimise any potential risk of staff being unsuitable for their role (**see requirement 1**).

Requirements

1.
By 14 August 2024, to ensure children are safe and protected, the provider must implement effective systems for the professional registration of staff. To do this the provider must, at a minimum develop and implement robust support and monitoring arrangements for staff to gain and retain their appropriate professional registration.

This is to comply with Regulation 4(1)(a) 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 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).'

Areas for improvement

1. To improve outcomes for children and ensure that there is a culture of continuous improvement, effective quality assurance processes should be developed to monitor and assess the service and staff practice.

This is to ensure care and support is consistent with the Health & 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).

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

Children were confident in approaching staff when they needed support and to involve them in their play. Children were also observed chatting and laughing with some staff during their play. This demonstrated that positive relationships had been built. Feedback we received from families about their relationships with staff varied indicating some strengths and some areas for development. Comments included, "I have a strong connection with the staff caring for my child", "They had some good staff who left. The staff are constantly changing. They don't introduce themselves. They don't seem to know who your kids are" and "Almost non-existent. Interactions are limited to the staff asking who my children are when I go to pick them up and bring them to the door. That's it". Feedback received from families about how to improve staffing included, "Having the teachers join in more" and "Reliable staff, not having new faces every week".

Staff vacancies and staff absences were currently covered by the manager, operations manager, inhouse bank staff and agency staff. This meant that children could experience daily changes to staff supporting them each day. As a result there was the potential for gaps in skills and the effectiveness of staff to support consistent experiences for children. For example, at times, it was difficult for newer staff to know the boundaries of play and know how to respond to children who were not appropriately engaged in their play or use of the resources. This meant that some children may not get the support they needed at the right time. Staffing and absences must be better planned for to minimise disruptions to children's experiences. For example, on day one of the inspection a member of staff did not arrive for the start of the session and as a result, the staffing levels were below the minimum standard. We discussed that appropriate staffing levels must be effectively planned for to take into account the experience and skills of staff, layout of the environment, children's choices and varied needs. This would help ensure that children always get the support they need at the right time and their experiences improve **(see requirement 1)**.

Staff were deployed to work in specific areas of the setting each day. For example, the outdoor area or to support the snack routine. Children would have benefitted from having additional staff to enhance their experiences throughout the session. For example, due to limited staffing levels, tasks had to be prioritised over interacting with children to escort them to the toilets and handwashing facilities. Staff also collected children from different areas at the end of the school day. By having further staffing in the main hall, this would help affirm children's attendance more quickly and support children's individual needs on arrival consistently.

Daily staffing information was not shared with families to ensure that they knew about any changes and who to contact in the event of the manager's absence. The service were to take action to share this information with families. This could help ensure that families knew who to contact and minimise the potential for missed opportunities for families to discuss updates or any changes to children's care and support needs.

Requirements

1.
By 14 August 2024, to support children's health, welfare and safety needs, the provider must ensure that suitable staffing levels are maintained at all times. To do this, the provider must, at a minimum ensure there is a consistent approach to staff deployment to take account of the experience and skills of staff, the size and layout of the environment, children's choices and their individual care and support needs.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS, 3.15).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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