

Greenside After School Club Day Care of Children

Abbeyhill Baptist Church
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Telephone: 07973 230 911

Type of inspection:
Unannounced

Completed on:
27 June 2024

Service provided by:
Tamsin Heath and Karen Brownlee a
partnership

Service provider number:
SP2003002920

Service no:
CS2003012019

About the service

Greenside After School Club is registered to provide a care service to a maximum of 50 children at any one time of primary school age.

The service is delivered from Abbeyhill Baptist Church within the district of Abbeyhill, Edinburgh. The service has the use of three rooms, a kitchen area, and toilets. The service offers pick-ups from both Abbeyhill Primary School and Leith Primary School during term time. It offers a holiday club provision during school holidays.

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

About the inspection

This was an unannounced inspection which took place on Tuesday 25 June 2024 between the hours of 14:30 and 18:00. We returned on Wednesday 26 June 2024 between 14:15 and 18:40 to complete the inspection. 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:

- spent time and spoke with children using the service
- spoke with family members both face to face and received feedback via an online 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 and having fun. They had developed positive relationships with staff which contributed to them feeling safe and secure.
- Planning approaches were child centred and responsive to children's wishes while at the service. Developing a system to evaluate these experiences and regularly share achievements with families would provide further opportunities for progress.
- A comfortable and welcoming environment was provided for children. However, the lack of outdoor space on site had an impact on children's ability to make choices and on their overall outcomes.
- Staff's knowledge around children's medication needs should improve to ensure all children get the care they need at the right time.
- Children and families' views and opinions were considered to help influence positive change within the service.
- The service should continue to develop, embed and monitor self-evaluation and quality assurance systems which directly lead to improvement of outcomes for children. Any policies and procedures should be effectively reviewed to ensure they are in keeping with up-to-date guidance and best practice, and reflect a rights-based, inclusive approach to all children and families.

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 generally experienced warm, caring approaches to support their overall wellbeing. Their independence was respected and promoted by staff who knew them well. Responsive work with families promoted continuity of care for children, giving them a sense of security and familiarity. One family told us, "The staff are good and know my child well. They are friendly and communicate well". Another told us that staff are, "All so friendly and caring - I really feel like they care about the kids and are interested in them."

On a few occasions, the tone and manner of some interactions did not support children's overall wellbeing or were perceived by children as being punitive. Moving forwards, the team should reflect on the circumstances around children's behaviours, and how their policies and procedures support and encourage staff to consistently adopt inclusive and restorative practices. This would support children to develop positive relationships, and provide learning and understanding around the impact of any risky or unsafe behaviours.

Children's health and wellbeing was enhanced through nutritious snacks provided by the service. These experiences provided children with opportunities to eat, relax and socialise with their friends. Children's opinions were valued as they were asked what their preferences were when planning for snack. To provide children with opportunities to develop higher levels of engagement, skills, and their imagination; real life experiences such as mealtimes could be developed further. The service could involve children in the preparation and cleaning up of snack, for example. There were missed opportunities for staff to socialise and strengthen bonds with children, as the one member of staff present took a supervisory role and was task focused. Sitting with children and interacting with them provides many benefits to children's development and wellbeing. Examples include positive role modelling, close attachments, and language and communication development. It also helps to keep children safe in the case of any allergies, for example.

Children's overall wellbeing was beginning to be supported through personal plans. Plans were accessible to children which gave them opportunities to review and reflect on their play. Use of national wellbeing indicators and chronologies were useful to support staff to plan for evolving needs. However, for these to be effective, the provider should protect time for staff to review and reflect on these plans. Staff were not always aware of chronologies or strategies of support within them which meant they may not be fully able to meet or respond to children's needs over time as reflected in plans. For example, strategies to ease transitions for some children such as the use of visuals. Using this information consistently and effectively would enable all staff to support the individual needs, wishes and preferences of all children, use strategies which may comfort them, and support them with individual achievements.

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. There was a lack of clarity around children's health and medication needs across the staff team which meant there may be potential for a delay in children receiving the support they needed (**see area for improvement 1**). Improvements were also needed in the storage of medication which we will report on further within Key Question 3: How good is our leadership?

On the whole, children were being safeguarded by staff who knew what to do in the event of a child protection concern. Moving forwards, the provider should ensure staff are clear on effective procedures for recording and reporting concerns and what their role is after this has occurred, or if the manager is not available. This would allow staff to be fully informed and promote robust procedures to keep children safe.

Quality indicator 1.3: Play and learning

Overall, children were meaningfully and actively involved in leading their play within the setting. Opportunities for children to play and explore some of their ideas were available through a range of play experiences such as construction, physical play equipment, art, and role play. One family told us, "They have everything from quiet space, creative space, dens, gymnastics stuff, a range of stuff for all moods and interests." Children enjoyed some of these experiences and talked fondly of engaging in art and of doing handstands against the wall. Children of different ages played together which gave them opportunities to learn to collaborate with others, share resources, and develop responsibility and empathy.

Staff recognised children's achievements and often praised their efforts both verbally and within personal plans. At times, staff supported children to share and take turns with resources for example, which facilitated their learning and development in skills such as negotiation, collaboration, and teamwork. However, to further challenge and extend children's thinking skills, the team should use or develop their knowledge around child development, play types and theory to enhance these interactions to extend play and learning. This would enhance achievements for children. Staff often took more of a supervisory role rather than engaging in children's play or extending children's thinking skills through for example, effective questioning.

Children's choices were respected and responded to through planning systems which used choice sheets and a suggestion box. Some well-considered experiences were evident in past planning such as clay modelling, making slime and some science experiments. To enrich and inform play experiences moving forwards, staff and children could reflect and evaluate the impact of these experiences. This would provide opportunities for richer collaborative planning and promote achievements and enjoyment moving forward. The service could also consider how to involve families more around the day-to-day experiences of children. This would promote and celebrate children's achievements and allow for continuity between the home and the service.

The lack of outdoor space on site had an impact on children's play, learning and wellbeing. Children's ability to make choices and be empowered to have control over where they played was inhibited. The service made attempts to mitigate against this by taking the children to the park every day after school and providing more physical play opportunities within the main hall. However, staff, families and children told us this was weather dependent, and again did not support children's choices about where they played and the kinds of experiences they may want to do after school. For example, one child expressed they did not want to go to the park after school when they were picked up. Another child had brought a box of soil with worms to the service from school. This was a missed opportunity to engage and enquire with this child around this more spontaneous interest, and potentially spark planning and experiences around it in an outdoor space.

On the first day of inspection, children did not get any outdoor play as they were taken straight back to the club due to rain. Physical play indoors also had the impact of interrupting other play experiences within the environment, for example, by balls flying around. At times, children presented with frustration or high energy which may have been better channelled if there was an outdoor space. The service should consider moving to a more permanent alternative premises or review and improve routines and staffing to allow for a

more free flowing indoors, outdoors experience. This would enable children to have full agency and have the ability to follow their interests in ways that suit them (**see area for improvement 2**).

Some children were not engaged in play, particularly older children. When asked, they told us they felt there was, "less to do as you get older". As already reported, the service made efforts to respond to children's interests through planning approaches, but this was not always effective for all children. The service should investigate alternative ways to meet this need. For example, the provision of those rich, real-life, first-hand experiences which may provide some authentic learning and increase children's engagement. The service could consider how they could provide intriguing play and learning through nature, or by taking part in food preparation and cooking by preparing snack for example. Having these opportunities available for children to access and try things out may ignite and spark creativity, interest and enquiry which can extend into play and expand imagination and problem-solving skills.

Areas for improvement

1. To ensure children's health and medication needs are clearly understood by all staff and can be met quickly and effectively, the provider should ensure all medication information is clearly 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, ensuring medical plans are stored with children's medication for accessibility, and how staff should support a child in a stepped approach. Administration forms should also be included to enable staff to record this. This information must be fully shared with and understood by all staff.

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).

2. To ensure children are given opportunities to choose where they play, expand their play and learning opportunities, engage in nature, and have the benefits of fresh air, the service should consider alternative premises or review and improve routines or staffing to enable a more free-flowing indoors-outdoors approach.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); and

'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

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 wellbeing was supported through an indoor setting which was comfortable, spacious and welcoming. It was furnished to a high standard and benefitted from plenty of natural light and ventilation. Designated areas for play and eating promoted children's comfort. Children had an area for rest in a quieter space of one playroom with rugs and cushions where they could enjoy playing and some reading. The managers and staff team had provided experiences and spaces to engage children and allow them to follow their interests indoors. Spaces for more physical play and quieter play had been considered by spreading things out between two main rooms.

Moving forwards, staff should continue to observe, plan and respond to all individual children to provide those spaces, experiences and resources which support individual children's needs and preferences. Some reflection over which core resources are always available would be of benefit, for example, opportunities to engage in sensory play experiences required by some children to help them feel at ease, which were documented in personal plans. More open-ended, real-life items to enhance opportunities for creativity, enquiry and the development of imagination. The kitchen was stated as out of bounds by children and in risk assessments, which was a missed opportunity to engage children in some real-life authentic play and learning opportunities which might enrich development and enjoyment for some children. Finally, the lack of an outdoor play space for children inhibited children's choices and the availability of opportunities to engage with nature and sustainability, as well as a variety of experiences to play and get the benefit of fresh air. While families had lots of positive things to say about the environment, when asked what could improve, some families highlighted the lack of outdoor space. One saying, "A venue with an outdoor space that's more accessible."

Arrangements for security were not well considered and gave potential for children to exit the setting across the session, particularly during transition times. The door to outside was easily opened at children's level, and children were at times left unattended in the room beside it. We discussed this during inspection and the provider agreed to make arrangements to increase the security of the building, which we will follow up on at the next inspection (**see area for improvement 1**).

Systems for monitoring the maintenance and repair of the environment kept children safe as these were consistently implemented. Some procedures were in place to keep children safe by reducing the spread of infection, for example, children were asked to wash their hands prior to snack. However, this practice was not fully embedded, and did not extend to when children had finished eating. Some 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).

Children's safety both in the setting and when travelling between school and the service was supported by risk assessments. Moving forwards, risk assessments should include details of procedures for pick up times, in particular, what to do if a child who they are expecting that day for any reason does not attend. The provider should ensure all staff are fully aware of, understand, and follow these procedures. Enabling all staff to be aware of how many children are attending the club on different days would also make systems

more robust and empower staff to share in responsibilities around keeping children safe (**see area for improvement 2**). Some of the language within risk assessments did not support a strengths, values based, or children's rights approach. We will report on this further within Key Question 3 - 'How good is our leadership?'

Areas for improvement

1. The provider should ensure that arrangements are put in place to ensure the setting is secure and does not provide opportunities for children to leave the building unattended.

This may include, but not be limited to, installing a security system such as locks or buzzer systems which are out of reach to children, and updating risk assessments to support staff vigilance without restricting access to any areas of play.

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

'My environment is secure and safe' (HSCS 5.17).

2. To ensure children are always accounted for and their whereabouts known, the provider should ensure all staff have any information required to keep children safe and are empowered to follow procedures.

This may include, but not be limited to: ensuring all staff are clear on procedures for pick-ups such as what they should do if a child expected does not arrive; giving all staff registers on who is attending that day; and updating written risk assessments to support staff to follow these procedures.

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

'I am helped to feel safe and secure in my local community' (HSCS 3.25).

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

The provider of the service promoted a positive ethos around children's choice and the belief and value of play. Children's views were sought and responded to through child led planning approaches. The team were still developing as a unit themselves. To give staff, families and children ownership and establish shared responsibility and understanding of their purpose, this may be an opportunity to reflect or review the overall vision and values of the service.

Family's views were actively sought using surveys and emails. All families who responded to us said they felt involved and that they were asked for feedback. One told us, "We are sent surveys about what to improve."

The managers had developed an improvement plan to support improvements, but it was not yet leading to

continuous improvement. Many outcomes had yet to be reflected on or started. Moving forwards, all staff should have input into the plan and have opportunities to reflect on the impact of it over time. This would allow for shared ownership and responsibility for driving improvement.

Systems were in place to support, and quality assure staff's ongoing development such as appraisals and support and supervision meetings. These gave staff opportunities to think about their own learning and development. To ensure the focus remained on the impact of any training undertaken, collaborating on and empowering staff to set measurable targets to achieve and monitor over time would be of benefit. Using best practice guidance to benchmark against would support staff to evaluate their own practice and provide high-quality play and learning experiences, for example, making improvements to the snack time experience.

Audits were carried out to quality assure some processes such as cleanliness and maintenance of the environment, and for medication in terms of expiry dates and reviews. However, quality assurance should extend to ensuring the storage of medication meets best practice, and that any information required to keep children well is included. For example, stepped approaches to combat an allergic reaction. Administration forms to record when and how much a child was given should always be accessible to ensure this information is clear to staff and families. Any old or temporary medication or medication not appropriately signed in and documented should be returned to families. We signposted the service to 'Management of medication in daycare of children and childminding service' (Care Inspectorate 2014).

Moving forward, the service should build quality assurance systems to encourage the team to assess the quality or impact of the spaces, experiences and interactions for children. Any policies and procedures should be effectively reviewed to ensure they are kept up-to-date with best practice and guidance. The language used within some policies and risk assessments did not reflect a rights or values-based approach. To guide staff, children and families in understanding and supporting a strengths based, inclusive approach to all children, the provider should review these and make any necessary amendments (**see area for improvement 1**).

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 the Care Inspectorate were able to assess and offer advice and support on a range of situations (**see area for improvement 2**).

Areas for improvement

1. To ensure consistent high-quality outcomes for children, the provider should ensure quality assurance systems and self-evaluation procedures are enhanced.

This should include, but is not limited to: ensuring the storage and administration of medication meets best practice; evaluating the impact of any training of staff on the experiences, spaces and interactions for children; reviewing and amending the language in any policies, procedures, websites and risk assessments to ensure they reflect a rights-based, inclusive approach to children's care and support.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure children's health, safety and wellbeing, the service should update their knowledge and understanding about notifications that should be made to the Care Inspectorate.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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

The approach to deployment was guided by ensuring each room in the building was staffed, which contributed to good teamwork and helped promote children's safety. Rotas directed staff to which room they would be supporting which provided the potential for fresh ideas from different staff and variety for children throughout the week. Consistent staff meant continuity for children and familiar faces each day. This allowed secure relationships to build and be maintained. One family told us about, "The supportive and caring environment", while many commented on the warmth and kindness of staff.

Generally, staff were well placed to supervise children, but could not be fully flexible in supporting children if they moved between rooms. Though families were positive about the service and appreciated many aspects of it, one family told us, "A little more input would help my child to feel less alone during free play". At times, children were unattended in the unused room nearer the front door, some telling us they did not know what to do when their friends had left. To ensure the adults caring for children have enough knowledge of their needs and personalities, the manager could further consider the approach to deployment. A review of staffing may allow for more access to outdoors, for example, which would give children more freedom to follow their interests in ways that suit them. Staff did support each other to work as a team to benefit some children, providing some one-to-one support for children where required.

The team was still developing, and the provider highlighted this as an area of development since the last inspection. Staff meetings gave the potential for staff to engage with each other on priorities, giving them opportunities to discuss individual ideas or engage in professional dialogue. The managers were both in numbers which could provide role modelling for newer staff. However, this was restricted due to staff being in different rooms and meant opportunities for mentoring or support for staff was limited. The managers should continue to develop and challenge all staff to reflect on improved outcomes for children, extending their knowledge and understanding of child development related to school age childcare, or any health and support needs. The team could also further consider the playwork principles to aide their approaches. This will build their capacity for self-evaluation and improvement to improve outcomes for children.

Continuity of care across busier times of the day such as snack time or pick up times were more variable. Snack time was task focused rather than an opportunity for high level engagement, and opportunities to communicate with some families at pick up were limited. Most families were happy with communication,

however, and told us the service was responsive to emails. One family did comment on how busy staff were, saying they, "Don't have times to chat but they all recognise the parents and update us".

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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