

Broughton After School Club Day Care of Children

Broughton Primary School
132 Broughton Road
Edinburgh
EH7 4LD

Telephone: 01315 569 117

Type of inspection:
Unannounced

Completed on:
15 May 2024

Service provided by:
Broughton ASC

Service provider number:
SP2003003104

Service no:
CS2003013326

About the service

Broughton After School Club is an out of school service for children of Broughton Primary school in Edinburgh. It is registered to provide a care service to a maximum of 60 children of primary school age. The board of directors are made up of parents using the club and they have overall responsibility for the club.

The service is delivered from a stand alone building within the grounds of the primary school. As part of its registration, the service also has use of the school playground, dining room, gym hall, swimming pool and toilets within the school building.

About the inspection

This was an unannounced inspection which took place on Wednesday 8 May 2024 from 14:00 until 18:00 and Thursday 9 May 2024 from 13:00 until 17:00. Feedback was provided to the manager and provider on Wednesday 15 May 2024. 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
- Reviewed feedback from eight families
- Observed practice and children's experiences
- Reviewed documents
- Spoke with management
- Reviewed staff feedback.

Key messages

- Children were happy, settled and confident in their setting.
- Children benefitted from the spacious environment with the use of the school facilities.
- The manager and provider should ensure that they know and understand their roles and responsibilities of providing a registered day care of children service.
- The management of medication requires improvement to ensure children received the correct care.

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 warm welcome when collected from school, staff asked them about their day and children were happy to see and speak to staff. This let children know that they were valued and cared for. A parent commented that staff were 'friendly, helpful and caring'.

Personal plans were in place, but did not reflect current guidance and required improvement. Plans contained personal details, some medical information and observation sheets. The information recorded about children did not identify actions taken by the service. As a result some children's needs were not responded to consistently. The manager and committee were provided with a copy of current guidance during the inspection (**see area for improvement 1**).

The management of medication required improvement. Staff were aware of children who had allergies however, they had limited knowledge about how children would present with signs and symptoms of an allergic reaction. In addition there was limited medical information recorded, which had the potential to impact on children receiving quick and effective treatment (**see requirement 1**).

Snack was unhurried, allowing children to choose when they ate within snack time. Children were served snack from a serving area and staff asked them what they would like before serving. There were missed opportunities for children to serve themselves and build upon independence skills that they already had. The snack menu was limited to sandwiches and fruit, and this was referenced in parent handbooks. The sandwich filling choices were jam or cheese. The service was asked to consider the amount of sugar being provided at snack, with the jam and natural sugars in the fruit. The alternative sandwich options were not inclusive of dietary requirements, for example children were offered dairy free buttered sandwiches as an alternative (**see area for improvement 2**).

Quality indicator 1.3: Play and learning

Children's play experiences were mostly structured and adult led with time allocated for free play, activity sessions and end of day activities. Most children were familiar with the routine, structure and timings of the activities. For example a child asked when the activity session was starting, as it was later than they had expected. Some children's play was restricted by the structured approach, for example a child explained that she was unable to take part in an additional art activity as the end of day activity was about to start, although there was still an hour left until the end of the session.

Planning sheets were used to gather children's views on activities. Sheets were accessible to children and some had written comments about what they would like to do. Further consultations happened with children in a larger group. Staff asked children what they would like to do, and some children were confident to share their preferences, and staff responded by including this within the plans. The service should consider how to capture the voices of quieter children who may feel uncomfortable with group discussions to ensure their contributions are not missed.

Staff ensured there was a range of experiences available to children during the planned activity sessions. Children had the opportunity to explore a variety of arts and crafts including, painting, clay and drawing. The materials were different to their every day materials and included marbling paint and metallic pens. A child said to their friend, 'I chose this as I want to be an artist, look its all marbly' in reference to the paint they selected. As a result children had the opportunity to experience a range of materials, creating new experiences and learning about the properties and how to use specialised art materials.

Staff were interested in children's play and experiences. Staff supported a group of children's learning through skilful questions, and shared information about minibeasts in response to children following the movements of a worm. This enabled children to reflect on what they may already know about minibeasts and to problem solve, with the information from staff validating and guiding their learning. In contrast there were interactions from staff that restricted children's learning. For example a child was painting and staff gave direction on how much paint to use so that it would be dry on time and how to create the child's painting. As a result the child was unable to be fully creative in their own painting or to learn through first hand experiences that too much paint would need longer than a day to dry.

Requirements

1. By 14 August 2024, the provider must ensure the safety and wellbeing of children. To do this, the provider must, at a minimum:
 - a) keep accurate up to date medication records for children and these must outline children's support strategies, medication action plans and reflect the support they need
 - b) implement a system to review each child's medication, medication records and medication action plans regularly with their parents
 - c) ensure staff know what necessary steps they should take in caring for children with prescribed medication and in an emergency situation.

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 the Health and Social Care Standards (HSCC) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19). 'If I need help with medication, I am able to have as much control as possible.' (HSCC 2.23)

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure all children have a personal plan that details their individual needs, choices and progress.

This information should be used to care for, and support children effectively. Plans should be reviewed by parents to reflect children's current needs.

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 my 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).

2. To support children's health and wellbeing the provider should ensure that children are provided with a healthy, balanced snack that is inclusive of dietary requirements.

This should include but not limited to being informed by current guidance and in consultation with children, through menu planning.

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

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 an environment that was clean and cared for. The outdoor entrance was looked after with plant pots decorating the area, giving a welcoming atmosphere to children and families.

Children benefitted from the use of several areas to play in, including the main building, the front and rear school playground, the school dining hall, the school gym area and the swimming pool. This enabled staff to be evenly placed across all areas and for children to benefit from the spacious surroundings. Staff were unsure about where children would be in the event of extreme weather. We suggested that this is included within the risk assessment so that children can continue to experience a spacious environment that enabled them to play and be sheltered safely.

Children had access to a variety of resources that they could select freely to play with. There were comfortable sofas for children to relax on and a small area beside the trampoline was used by a child as a quiet space to read their comic. The indoor space would benefit from being set up for children arriving and planned activities could be accessible for children to play with in their own time, allowing them to lead their own play and learning at a pace that is right for them.

Outdoors, children benefitted from the large space and freedom to be active. They were able to select resources to play with, including wheeled toys, games, balls and racquets. Children could access the school playground and enjoyed the use of static school resources.

Children had access to the swimming pool at an additional cost, and was popular with the children. There was an established routine on a swimming day, and children were responsible for writing their name down for a swimming group. This created an excited energy for the children who were chatting about being in groups with their friends. The swimming sessions were well organised and staff effectively communicated to each other when groups were leaving and arriving. Children were supported in the swimming pool and around the changing areas by staff and a life guard. This ensured that children were safe and supervised and ensured privacy and respect.

There were two toilets in the main building and during day one of the inspection the toilets were being used by staff and children. The manager and staff were advised that this does not reflect current guidance. Toilets should only be used for children using the service, staff toilets should be separate. From day two the manager had made arrangements for staff to use the toilets in the school building. The manager and provider were signposted to guidance documents relating to toilet facilities. The manager informed us during feedback that additional toilets near the school hall can be used by children, therefore providing enough toilets for children (**see area for improvement 1**).

Policies, procedures and risk assessments were not reflective of the service and children's experiences and required improvement. For example there was not a risk assessment and policy and procedure for the swimming pool and how the service use it. The language used within policies did not reflect the practice observed regarding children's behaviour. (**see area for improvement 2**).

Areas for improvement

1. To ensure children's care, health and wellbeing are reflective of current guidance, children and staff should use separate toilet facilities when the service is operating.

The provider should ensure arrangements are recorded in policies, procedures and risk assessments and communicated to the staff team and children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: ' I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure children are cared for safely when accessing the swimming pool and participating in the swimming group, the provider should ensure that arrangements are recorded in policies, procedures and risk assessments. These should be communicated to the staff team, parents and children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: ' I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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 improvements are led well

The manager had been in post since April 2024, and had a brief transition period with the previous manager. This enabled the manager to have a basic overview in order to support the service during the initial months. The manager was beginning to prioritise management tasks along with supporting staff to deliver a service for children.

Weekly staff meetings were focussed on activities for children, and all staff contributed to the discussions and plans. As a result children had activities that were organised and well planned for.

Quality assurance and self evaluation was at an early stage of implementation across the service. Quality assurance that had been undertaken was not fully effective or reflective of the service. As a result there were gaps in approaches and guidance on best practice that should be followed. For example medication was not managed in line with current guidance.

Quality assurance systems should be developed to manage operational tasks including, audits of accidents, reviews of personal plans and Scottish Social Service Council (SSSC) registrations. In addition to service developments that are child focussed including but not limited to play experiences, children's participation and interactions. We discussed this with the manager and signposted to self evaluation documents including the Quality Framework to inform their approach moving forward (**see area for improvement 1**).

Policies had been reviewed but the language used and procedures were not reflective of the values and practice experienced by children, for example we saw children's emotional wellbeing was nurtured and supported with kindness and understanding. Amendments to policies and practice should be shared with parents.

The provider and manager need to have a fuller understanding of their roles and responsibilities for the service, including but not limited to best practice guidance and notifications that should be made to the Care Inspectorate. This will ensure better outcomes for children. During the current period of change for the manager, the provider should consider the level of support that can be provided to ensure the team and manager are supported appropriately.

Areas for improvement

1. To support children's care, learning and experiences the provider should make quality assurance processes more robust. This should include, but is not limited to, ensuring the desired and actual outcomes for any improvements are documented. Ensure self evaluation approaches are informed by best practice documents.

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

The management of absences needs to be improved to ensure that children are kept safe, and cared for by staff, who have been recruited in line with current guidance and best practice. During the inspection there were staff absences that impacted on the adult to child ratios. On the first day this was managed appropriately, as the manager was informed with the knowledge of the expected times that children would leave the service. As several children were collected shortly after the session started ratios were manageable with adjustments, and as a result children were well cared for. The service had been unable to secure agency staff to cover the absences on the second day and expected more children to be attending. As a result the adult to child ratio would not be met in line with current guidance, and the care of children had the potential to be compromised. The manager and provider had made arrangements for someone to provide cover however, they had not been recruited or had relevant PVG checks. We provided guidance and suggestions for the manager and provider to consider to ensure that children would be cared for safely, which they managed to do. The manager and provider must have knowledge of the policies, procedures and guidance for safe recruitment of staff to ensure that children are cared for by appropriate adults (**see requirement 1**). The manager and provider must ensure that a staffing contingency plan is in place with risk assessments to reflect this. This should be shared with parents in order for them to be aware of plans in unexpected situations (**see area for improvement 1**).

Staff were skilled at effectively communicating to each other to ensure children were cared for safely through daily practice. The use of radio controls allowed staff to communicate directly across the different areas. This supported children to move around the spaces freely and safely. Children were aware of staff using the radios to communicate and the reason for it, one child asked 'can you send me out' in reference to leaving the indoors to go into the playground.

Staff were enthusiastic and committed to the service and the children. There were positive relationships between staff and children, that supported the development of trusting relationships.

Requirements

1. By 20 August 2024 the provider must ensure that staff providing care and support to children are safely recruited.

To do this, the provider must, at a minimum:

- a) review and implement the safe recruitment policy, ensuring all new staff are subject to full competency checks as well as basic fitness checks prior to employment commencing.
- b) ensure professional registrations is in place for all staff, with registration status checked as part of the recruitment and quality assurance processes.

This is in order to comply with Regulations 9 (2)(b) and (2)(c) Fitness of employees for the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210).

Areas for improvement

1. To ensure children and young people are cared for safely during periods of staff absence, the provider should improve contingency plans to reflect the needs of the service and children.

This includes, but not be limited to, the provider working in partnership with the manager to create a contingency plan and risk assessment that will be shared with parents and other service users.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).

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?	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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