

# St. Mary's After School Club Day Care of Children

St. Mary`s Primary School  
63 East London Street  
Edinburgh  
EH7 4BW

Telephone: 01315 561 634

**Type of inspection:**

Unannounced

**Completed on:**

14 March 2024

**Service provided by:**

The Management Committee of St.  
Mary's ASC

**Service provider number:**

SP2003003115

**Service no:**

CS2003013338

## About the service

St Mary's after school club provides an out of school care service within the grounds of St Mary's primary school. The service operates from a separate building within the grounds, and shares the building with the local playgroup. St Mary's after school club is located within the centre of Edinburgh and has accessible bus routes, parks and green space and a local library. The service is registered to provide a service to 23 children of primary school age.

## About the inspection

This was an unannounced inspection which took place on Tuesday 12 March 2024 14:15 until 18:00 and Wednesday 13 March 2024 14:00 until 16:00. 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 and parents using the service
- reviewed feedback from parents
- observed practice and children's experiences
- reviewed documents
- spoke with staff and management and reviewed staff feedback.

## Key messages

- Children experienced nurturing, warm and kind interactions from staff.
- Children were engaged in their play and interested in what was available to them.
- Staff were positive about their role and had positive relationships with children and their families.
- Areas of the service were in a poor state of repair, with chipped paint work and areas of mould.
- To ensure children are safe and healthy further work was required for the management of medication.

## 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?	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?

## 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 at pick up, staff asked how their day had been and children were happy to see them. This let children know that they are valued and cared for.

Children had positive relationships with staff who were aware of their emotional needs and wellbeing. However staff required additional guidance to fully support children's emotional regulation in a meaningful way, rather than always using distraction techniques. For example a child was distressed by other children, the staff response was to distract them rather than acknowledging and validating their emotions.

Personal plans were completed and reviewed termly and held relevant information about the child. Care plans were included in personal plans and parents were encouraged to complete these with their child. This created an opportunity for children to share their preferences with their family and the after school club. The service should consider how they use information in care plans to inform their approaches to support children. An established system to identify, implement and evaluate the outcome of strategies would support children's development further. During the inspection the service was signposted to current guidance documents for personal plans.

The management of medication required improvement. Limited medical information was recorded and staff knowledge of signs and symptoms had the potential to impact on children receiving quick and effective treatment. Positive approaches had been made to seek parental consent and a record of the type of medication that was held in the service. Staff were aware of children with allergies, however there was a lack of clarity on the types of allergies. Additionally, there was not enough information to guide staff on how children would present with an allergic reaction, meaning they may not respond swiftly with appropriate actions. The manager was responsive to suggestions made, including using current guidance to inform practice, and to have effective quality assurance systems in place to monitor medication. As the previous area for improvement has not been fully met it will be reinstated (**see area for improvement 1**).

Staff were aware of child protection processes and training was up to date, as a result children's wellbeing was cared for safely. We discussed the role of lead agencies when reporting child wellbeing concerns, and the benefits to a team approach to ensure children's needs are protected and supported appropriately.

A rolling snack provided some opportunities for children to select their own their own snack and make choices about what they ate. They enjoyed using the tongs at the counter service area and were familiar with the snack routines and clearing away their plates afterwards. This gave them a sense of responsibility and ownership. Although children would benefit from more opportunities to be involved in the preparation and planning of snacks to support life skills, independence and ownership of the setting and routines. Snack was not as unhurried and relaxed as it could have been as children often ate standing around the table or alone, as staff did not always prioritise sitting with children to create and nurturing and social experience. Some food choices were nutritious, and many children said they enjoyed the food offered. However, the service should revisit healthy eating options and work towards reducing those options high in sugar such as jelly and diluting juice. Children need to be reminded and encouraged to drink water at snack and throughout the session in order to be hydrated.

### Quality indicator 1.3: Care, play and learning

Most children were engaged in sustained play through the resources and activities available to them. A group of children were busy crafting, building a construction using paper and sticking tape, others used materials to glue to make a sign for home. Resources were rotated daily offering choice to children based on their interests and staff observations. For example jewellery making material was set up for a group who had requested it. This meant that children's requests were listened to and supported. Staff were engaged, asked questions and gave praise and encouragement, that promoted children's self esteem.

Outdoors children were creative with the resources available to them. A group of children used tyres from the school playground to create a base camp. Other children enjoyed climbing on the trees and playing football. Some children used the muddy puddles and sticks to make marks on the walls, this expanded into more children being involved in the experience. There were comments from children about the outdoors being boring and other comments about wanting to stay outside longer. The outdoor area would benefit from additional resources being available to children to offer choice and interest to their play.

Planning systems were in place and linked observations of children's play with the use of photographs to capture the experiences. For example children had an interest in painting with cotton buds and this was planned for, implemented and evaluated with photographs of the experience. To enhance children's play and learning further the service could consider how to capture children's current learning and new learning by finding out what children already know, what they would like to find out and what they have learned.

Children benefited from visits to the local parks, library and supermarket. This strengthened children's connection to their local community. In addition children had the opportunity to have special visits to the bowling and the zoo.

### Areas for improvement

1. To protect children's health and wellbeing staff should be supported to understand and implement effectively current best practice guidance on safe recording and administration of medication.

**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 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 benefitted from the indoor area being set up for their arrival, providing resources and activities to support their interests. A tent was accessible to children to create a quieter space within the playroom. This was positioned in a busier area, as a result it was not the quiet space intended by the service. One child told us "the only bad thing is it gets noisy and there's nowhere quiet if we want to read". We discussed further consideration of the layout of the playroom to maximise the space available to children and access to additional resources to meet their needs and interests **(see area for improvement 1)**.

The service operates from a shared space with another service. There is limited storage with furniture and resources that are not shared with the service cornered off. As a result there was significant area within the playroom that was not accessible to children, as a result limiting their space to play. There was feedback from some parents to say the environment felt homely and in contrast others commented about the space limiting the activities available. Additionally the outdoor area was not accessible for children to play and learn in, as the other service's resources were permanently set up. The service should consider how to share space and resources to improve experiences for children. Children had a designated planter that they cared for in the car park, this enabled children to care for nature. The service should consider if more plant pots could be introduced into the outdoor spaces used to provide more opportunities for nature play.

The school playground was used at designated times daily for children to access as a group. The playground was also used by other out of school groups which meant that the playground was open for other children to be collected. Staff ensured that regular head counts were taken and children were aware of the rules of the playground, this meant that children were kept safe and were accounted for.

There were two toilets being used by staff and children. On the first day of the inspection one toilet was out of order which did result in children having to wait to use the toilet, although by the following day it was repaired. We advised the service to explore alternative arrangements for staff toilets to ensure that current guidance is being followed, and for risk assessments to be updated to reflect the arrangements.

Aspects of the building have deteriorated with age, and previous paintwork was significantly chipped. Children's artwork had been used to cover up areas, although it did not give the impression of a loved and cared for space. In general the environment was clean, although higher areas such as window leavers were dusty. The service should consider deeper cleaning of the harder to reach areas in the playroom.

There were areas of the building that significantly reduced children experiencing an environment that respected their rights to a well-maintained environment. The exposed cupboard in the kitchen was dusty and dirty. The worktop in the kitchen was damaged with chip board being exposed, and there was mould on the walls. This increased the risk of infection and germs for children and staff. The children would benefit from a consistent room temperature across the service. Although this issue has been reported the temperature towards the end of the session was significantly cooler for children. There needs to be a good plan around managing maintenance issues and quality assurance for this moving forward. Although we

acknowledge that some of this has been followed up it does require additional attention and quality assurance (**see requirement 1**).

## Requirements

1. By 28 June 2024 the provider must ensure children are cared for in a safe and well maintained environment that promotes their comfort and wellbeing.

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

a) a maintenance record is in place to report repairs, timescales and followed up to ensure work is completed.

b) quality assurance processes are further developed to effectively manage, action and review the quality of the environment.

c) an action plan is submitted to the Care Inspectorate and are kept up to date on the progress of the maintenance work.

**This is to comply with Regulation 10(1)(a)(d) (Fitness of premises) 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 (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22).**

## Areas for improvement

1. To support children's wellbeing and learning, the provider should ensure that children have access to a comfortable, quiet area to rest and relax.

This should include but not limited to, a quiet area with minimal disruptions with clean, comfortable soft furnishings for children to sit and relax on.

**This is to ensure that care and support is consistent with the health and Social Care Standards (HSC) which states that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).**

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

### Quality indicator 3.1 : Quality assurance and improvements are led well

Staff interactions and established relationships with children and their families helped the service to have a positive ethos. Staff had a shared vision of providing children with love and care, this was achieved through valuing children's play, spending time communicating and playing with them throughout the session.

Most parents were happy with the level of information they received about their child's day, with other parents commenting that they would prefer more. Termly newsletters were sent to and displayed for parents, providing information on what children have been taking part in along with sharing essential information. The service could consider how to capture specific feedback from parents to inform and shape the service. This would enable parents to be more involved in the life and work of the service.

Training courses were discussed and agreed at termly team meetings and during staff appraisals. Team meetings facilitate some discussion about improvement planning and have led to some changes and improvements being made. For example records of team discussions about activities that staff would like to do, the use of targeted questions resulted in new resources being purchased. To support continuous improvement across the team, the manager could create a programme of training to develop and enhance staff skills and knowledge.

Quality assurance systems were beginning to be implemented across the service, including reviewing personal plans, managing attendance and play experiences. Although gaps were evident including the management of medication and monitoring of the environment. A quality assurance system should be developed to have an overview of the evaluation, monitoring and operational tasks, including audits of accidents and incidents, management of medication and Scottish Social Services Council (SSSC) registration. The system could also provide an overview of service developments that are child focussed including play opportunities, children's participation and interactions. Through discussion we signposted to self-evaluation documents including the Quality framework to ensure that self-evaluation is informing practice and improvements (**see area for improvement 1**).

There was limited knowledge of a constitution and if one was in place. We were unable to ascertain if there was a full committee. As a result the service and manager were not supported to ensure effective quality assurance was in place at all levels. The manager should work with us to ensure there is a fully formed constitution, committee therefore a legal provider entity in place (**see area for improvement 2**).

Children felt able to make suggestions about activities and experiences, staff listened and responded positively to this. The service had a choosing board that provided children with the opportunity to make choices, as a result children felt valued and had ownership of their setting. The service should consider how to strengthen this approach to embed choices decision making into practice.



## Areas for improvement

1. To support children's care, learning and development, 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.

**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).**

2.  
To ensure children are cared for safely the provider should work with the Care Inspectorate to clarify that a legal provider entity is in place. This includes forming and notifying the Care Inspectorate of the committee members, and responding to Care Inspectorate requests for information about this.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS4.23).**

## 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 enthusiastic about the service and their roles, they were respectful to each other through their interactions. Children were confident to speak to staff and share their views, children and staff had fun together as they played and chatted. This created a positive environment that allowed the children to feel safe and secure, with adults who cared for them.

Parents were greeted by friendly staff and informal conversations gave a warm and relaxed atmosphere with parents. Children received a positive transition at the end of the session with staff providing feedback to parents.

Staff were effectively deployed across the service and within ratios. Outdoors staff were positioned across the playground and were aware of the busier times in the playground from other services including the pickup of children from other after school activities. Staff communicated their movements with each other well, as a result children were kept safe.

Staff spoke to each other as they set up the playroom, Staff discussed what the children had enjoyed playing with the previous day. This demonstrated teamwork and effective communication to support children's interests.

There was an informal mentoring system in place for staff undertaking training from the manager, including regular meetings and sharing policies. New staff had been recruited in line with current guidance, ensuring recruitment was safe and managed well.

## 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

In order for staff to support children with specific medical needs, we recommend that the after-school club should include the following to each care plan:

- Details of the child's allergy or medical condition and how information about this should be shared and managed.
- What measures need to be put in place to prevent an allergic reaction or address a medical need.
- What action staff should take in the event of a reaction or the child becoming unwell - In addition all medical care plans must be updated every six months. National Care Standards Early Education and Childcare up to the age of 16: Standard 3: Health and Wellbeing.

**This area for improvement was made on 6 September 2016.**

#### Action taken since then

Positive steps had been taken to seek parental consent, and record keeping for medication had improved. Staff were aware of the children who required medication and had an allergy. However there was a lack of clarity and information recorded on the types of allergies, and how children would present. As a result limited medical information and lack of staff knowledge of children's symptoms has the potential to impact on children receiving quick and effective treatment. The manager was responsive to feedback but not confident with medication good practice.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	4 - Good
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?	4 - Good
4.3 Staff deployment	4 - Good

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