

Westend Adventure Kelvindale Day Care of Children

Kelvindale Primary School
11 Dorchester Place
GLASGOW
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Telephone: 0141 266 0084

Type of inspection:
Unannounced

Completed on:
8 August 2024

Service provided by:
Glasgow West End After School Care
CIC

Service provider number:
SP2019013313

Service no:
CS2021000184

About the service

Westend Adventure Kelvindale is an afterschool service provided by Glasgow West End After School Care CIC. The afterschool is registered to provide a care service to a maximum of 80 school age children at any one time. At the time of our inspection there were 14 children attending.

The service is located within Kelvindale primary school in the west end of Glasgow and is close to local amenities such as parks, shops and schools. The children are accommodated within a large gym hall. They also have access a large outdoor area, with pitch and further access to a woodland area.

About the inspection

This was an unannounced inspection which took place on Wednesday 7 and Thursday 8 August 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from 20 parents/carers.

Key messages

- Children were happy, confident and settled in the service.
- Children were able to lead their own play and learning.
- Procedures for the storage of medication should be reviewed to support children being cared for in a safe manner.
- Staff knew children well and provided the support and care they required in a kind and nurturing way.
- Personal plans should be further developed to support meeting children's needs.
- The provider should ensure that risk assessments are completed and followed to ensure children's safety.

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?	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?

3 - Adequate

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

Quality indicator 1.1: Nurturing care and support

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Staff were kind, warm and nurturing in their approach with children, and knew them well. Children were having fun and we could see clear friendships had formed between peers. Children enjoyed engaging with staff during play experiences. Staff were attentive to children's needs and offered comfort when children needed it. This supported children to feel respected and valued. One parent commented, 'Staff are friendly and supportive. My son feels safe and cared for.' Positive relationships between staff and children supported staff to ensure children's needs were met.

Snack was a relaxed and unhurried experience for children. During term time children had the opportunity to help create the snack menu, and fresh fruit was available. Children brought their own snack with them during the summer sessions. Staff sat with children during snack, engaging them in conversation. This made it a sociable experience. Staff were aware of children's allergy needs which contributed to keeping children safe. Additionally, staff had received training in administering emergency medication if needed.

We reviewed the storage and administration of medication. We found that some medication was stored safely, supporting staff to easily access medication for children when they needed it. However, this was not consistent for all medication. We shared with staff the importance of labelling all children's medication clearly with their name and date of birth. This would help staff to clearly identify the correct medication and reduce any delays in administration. We have made an area for improvement to address this (**see area for improvement 1**).

The quality of children's personal plans were variable. Some plans we sampled were well written and incorporated children's voices. In these plans children had helped to identify what support would help them progress their health and wellbeing. Other plans did not contain enough detail to support meeting children's needs. For example, some strategies identified to support children with additional support needs were not recorded and others had not been updated recently to ensure they reflected children's current needs. This meant that some information to support meeting children's needs was not available. Therefore, we have made an area for improvement to reflect this (**see area for improvement 2**).

Quality indicator 1.3: Play and learning

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement.

We observed that children were having fun with staff and were fully engaged in their play. Children had the opportunity to participate in a variety of activities including physical play, puzzles and making boats with lollipop sticks. Children had access to a wide range of resources which were developmentally appropriate and supported their play.

Children were able to lead their own play and learning. For example, they were creating large ball runs with loose parts and making hammer bead art. One parent told us, 'Always a variety of activities on offer. My child really enjoys these and is always given the choice. Child centred service so it is a lot of children's choices.' Children also told us that they could choose which activities they wanted to participate in each day. We saw children making those decisions. This gave them the opportunity to develop independence and supported their right to play.

Children had the opportunity to participate in physical play both indoors and out. Children played with physical equipment such as basketballs, hula hoops and footballs. One parent commented, 'Our son is given opportunities for going to the park or nearby pond but he prefers playing on the school grounds. They have scooters and skateboards to play with. Staff often have bonfires and marshmallow roasts. The school has a large forested space the children can play in.' We concluded that children were supported to be physically active and healthy whilst attending the setting.

Planning was child centred and children's voices were heard. Staff planned experiences based on their interests and choices. Children made use of a 'choices board' where they could note any activities they would like to participate in. This helped children to have ownership of their play and learning. This could be enhanced further by developing next steps for children's learning. This would further challenge children, developing their skills.

Areas for improvement

1. To ensure that children's medication is easily identifiable and administered safely, the manager and staff should make sure that medication is clearly labelled.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

2. To support children's care, play and learning, the manager and staff should ensure that each child has a personal plan that reflects their current needs.

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

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 were cared for in a setting which was spacious, bright and clean. Spaces including the main hall, gym and a large outdoor areas provided children with a variety of play opportunities. The main room had tables and benches for children to sit at, physical equipment, and a small comfy area with cushions and mats for children to rest and relax. The outdoor areas offered an opportunity for risky and challenging play with a trim trail and trees to climb. The environment gave a message to children that they mattered.

Resources available were age and stage appropriate for children and they could easily access them. This developed their independence and ability to lead their own play. Toys and materials were well maintained and a janitor was on hand to support maintenance. Any maintenance issues were reported and taken forward by the janitor. In most instances, staff also put some control measures in place to keep children safe whilst awaiting any repairs. The service was accredited as an epilepsy friendly setting, which meant they followed practice that made the setting safer for children at risk of seizures.

Children were involved in creating risk assessments, developing skills for life as they assessed hazards within the environment. However, more involvement from staff to ensure these were implemented in practice would promote a safe environment for children. For example, children had helped to create a risk assessment for the hot tap. The procedures put in place to keep it safe were not followed. This meant that children were at risk of having access to water which could cause scalding. We have therefore made an area for improvement to reflect this (**see area for improvement 1**).

Overall, infection prevention and control procedures were followed with staff and children washing hands before and after snack. The sink within the playroom was being used by staff for multi-purpose use including handwashing. Separate handwashing facilities should be used to prevent the potential spread of infection. On the second day of the inspection the provider informed us they had purchased a portable sink for the room which would be for single use. We were satisfied that this would help to enhance good handwashing procedures.

Areas for improvement

1.

To ensure that children receive care in a safe environment, staff should make sure that risk assessments are followed in practice.

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 5.19).

How good is our leadership?**4 - Good**

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

On the day of inspection the registered manager was on leave. Appropriate cover arrangements were in place to ensure the smooth running of the service. All staff were friendly and approachable and engaged well with the inspection process to support continued improvements for children and families. Staff told us that they found the management team to be approachable and supportive if they had any issues. One staff member commented, 'The manager is very understanding and supportive.' This meant that staff felt motivated to secure positive outcomes for children.

A quality assurance and development plan was in place and had been created in partnership with staff. The plan identified service strengths and areas for development, such as parental engagement and staff training. Management had started to introduce auditing and monitoring of the service as part of their quality assurance process. This included reviewing the quality of resources, personal plans and medication. This was a positive process which impacted and improved experiences for children. However, we did remind staff that monitoring and auditing should be more robust to ensure medication and personal plans support meeting children's needs.

Management understood the importance of seeking the views of staff, children and parents. One parent commented, 'Often sent forms for feedback. Children are comfortable to talk to the manager about suggestions and questions regarding the service. Children are often asked for feedback too.' Children's voices were heard in daily decision making such as activities and snack choices. Parent's opinions on the service had been sought to understand any areas they felt could be developed. Feedback had been given to parents on this so they could see the changes their input had influenced. For example, one parent had suggested linking the personal plans to wellbeing indicators, and this had been implemented. We discussed with management the opportunity for children to be included more in quality assurance and improvement procedures to give them increased ownership of the service.

Staff meetings gave staff the opportunity to discuss any issues and review service improvements and developments. One to one meetings between staff and management had been introduced. This provided staff with the opportunity to identify any training or wellbeing needs. One staff commented, 'When we have team meetings or do self-evaluations, our leaders always review them and they sit down with us and discuss with us how we feel about the service and reassure us if there's anything we have issues with anything we can talk to them about it.' This helped staff to feel that their wellbeing and views were important and encouraged continual professional development.

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

In advance of the inspection we received mixed feedback from families about staffing levels. However, during the inspection, we observed that staff were available to respond to and meet children's needs. We reviewed staff rotas and cover arrangements and concluded that there were enough staff employed in number to support children. Parents spoke positively about the staff caring for their children and one said, 'they are friendly and supportive. My son feels safe and cared for.'

During the summer, children from sister services came together to receive care in the same building as children who usually attend this service. This meant that different staff groups were working together at the time of the inspection. We found that this was well organised, providing an opportunity for staff to work together and learn from each other. Children were comfortable with those caring for them. If agency staff were needed, the service used the same staff to offer consistency and continuity of care to the children.

Staff told us that they worked well together as a team, and we observed this in practice. One staff member commented, 'Great team work being witnessed, staff work together to come up with new ideas and support all children. We're inclusive and welcoming.' Staff communicated when children were moving between areas to ensure their interests were followed through. Staff used a daily communication sheet to record any information that required sharing. For example, medication for children and staff duties. Staff were vigilant of children and recorded who was entering on the register. This meant children were accounted for at all times.

Staff development was encouraged, and staff told us they were supported in this by management. Staff had attended training to support them in meeting children's needs and caring for them safely. This included child protection, first aid and infection prevention and control. One staff commented, 'It has developed my confidence and understanding of my role and helped me develop my relationship with the children so that they feel more comfortable around me and that I feel more comfortable around them.' This meant that children were cared for by staff who had the skills to meet their needs.

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

All medication should be reviewed with parents in line with best practice guidance and with the service policy and procedures. This will ensure that medication that is stored for children is current and meets their health and wellbeing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17) and "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23).

This area for improvement was made on 22 June 2023.

Action taken since then

When assessing this area for improvement we found that medication records had been completed accurately with parents. Medication not stored safely as there was a lack of information to identify who it belonged to which could cause confusion and delay in administration of medication.

This area for improvement has not been met and has been amended to reflect improvements needed (see quality indicator 1.1).

Previous area for improvement 2

The provider should ensure that the premises are safe and secure for children. Maintenance should be carried out effectively to ensure the health and wellbeing of children.

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 5.19).

This area for improvement was made on 22 June 2023.

Action taken since then

When assessing this area for improvement we found that the outdoor gate had been secured temporarily. Staff and children had been made aware of the risk from the hot water tap and the temperature of the water had been reduced. Procedures which had been put in place to reduce the risk of scalding from the hot water tap had not been followed. We asked to increase safety measures by making the area safe for children.

This area for improvement has not been met and has been reworded (see quality indicator 2.2)

Previous area for improvement 3

The provider should ensure continuity for children by having enough competent staff in place to meet the needs of children across the service.

This is to ensure that care and support is consistent with the 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 own practice and follow their professional organisational codes" (HSCS 3.14) and "My needs are met by the right number of people" (HSCS 3.15).

This area for improvement was made on 22 June 2023.

Action taken since then

When assessing this area for improvement we found that there was enough staff to meet children's needs. There was a mixture of staff skills and experience with some staff having completed relevant qualifications and others still completing.

Staff had participated in training to develop their skills to meet children's needs.

This area for improvement has been met.

Previous area for improvement 4

The provider should further develop quality assurance processes to demonstrate how this is resulting in improvements to the service.

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)

This area for improvement was made on 17 August 2022.

Action taken since then

When assessing this area for improvement we found that the service had developed a quality assurance and development plan. The provider had carried out quality assurance audits of the service. Staff and parents had been included in developments and given feedback to inform them of how their suggestions were used or influenced practice.

This area for improvement has been met.

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	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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