

Barnhill After School Care Club (SCIO) Day Care of Children

Barnhill Primary School
Falkland Crescent
Broughty Ferry
Dundee
DD5 3SQ

Telephone: 07454 644 004

Type of inspection:
Unannounced

Completed on:
28 August 2024

Service provided by:
Barnhill After School Care Club SCIO

Service provider number:
SP2014012361

Service no:
CS2014331202

About the service

Barnhill After School Care Club (SCIO) is registered to provide care to a maximum of 72 children at one time of primary school age, of whom no more than 6 may be age from 4 years to an age to attend primary school.

Other conditions unique to the service include:

1. Adult:Child ratios will be:

3 years and over;

1:8 if the children attend more than four hours per day; or

1:10 if the children attend for less than four hours per day.

2. The service will have access to areas of the premises as designated by the Headteacher.

3. The service may also operate from the following premises: Forthill Primary School, Fintry Place, Broughty Ferry, Dundee, DD5 3BE.

The service operates from the primary school and portacabin in Broughty Ferry, Dundee. The older children are accommodated within the general-purpose room (referred to as the GP room) and lunch hall within the school. The younger children are accommodated within the portacabin in the school grounds. The children have access to an outdoor area within the school playground.

About the inspection

This was an unannounced inspection which took place on 26 and 27 August 2024 between 14:00 and 17:50. Feedback was shared with the service on 28 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 and reviewed 35 MS Form responses from their family and five from staff;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Children had fun and participated in a variety of activities and experiences that they were interested in and enjoyed.
- Children were listened to and had ownership of the after school club.
- Staff interacted warmly and respectfully with children, contributing to children feeling secure and valued.
- Staff supervised children well, ensuring they were safe, without impacting on their play and learning.
- Self evaluation and quality assurance systems should be further developed to support the continued improvement of the service.
- Staff worked well together to ensure children were cared for and their individual needs were meet.

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?	5 - Very Good
How good is our setting?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 1.1 Nurturing care and support

Children were happy, settled and confident in the club. They had fun leading their own play and learning as they played with friends or alone as they wished. Staff supported children well and were invited into children's play. They were kind, caring and responsive to children's needs, interests and wishes. A parent commented "Approachable staff who will adapt services as needed for my child and other children".

Very good relationships had been developed between staff and the children as they chatted with each other during the sessions about various subjects, such as, the school day, resources and interests. We saw that attachments had been made which supported the children to feel safe, secure and valued. A parent shared "My child feels supported and happy every time she's at club. She always comes home telling me what her favourite part of club is". Children were encouraged and praised as they participated in various activities, for example, tennis and role play. Achievements were recognised and celebrated by the children and staff verbally during the sessions and an achievement tree was available for them to display their achievements on.

Staff knew children well and discussed as a team how to support and meet their individual needs. Personal plans were in place and contained information to help staff meet the needs of children and support them while in their care. They were aware plans should be reviewed at least every six months and updated sooner, if necessary. We discussed with management that they should include detailed strategies and information to support children's health and wellbeing, to ensure staff understanding and continuity of care for the children. We signposted management to 'Guide for Providers on Personal Planning, Early Learning and Childcare' available on the Care Inspectorate Hub, which may be of help to the staff team when reviewing personal plans.

Medication was administered after the necessary parental permissions were obtained. Medication was stored securely but with easy access. The acting managers were undertaking monthly reviews of the medication. These audits were recorded to ensure the management of medication was appropriate and children were kept safe.

Snack time was a sociable experience for the children, where they were independent in self-serving their snack and drinks. Children had been consulted on snack items, with healthy options available for the children to choose from and enjoy, including fruit, peppers and cucumber. Staff sat with the children as they ate, with different discussions taking place around the tables. We encouraged the staff team to further develop children's independence at snack through supporting life skills, for example, helping to prepare snack.

Children's welfare and wellbeing were safeguarded as staff participated in regular child protection training. Staff were confident in the process that they would follow if they had a concern about a child.

Quality Indicator 1.3 Play and learning

Children benefitted from opportunities to independently choose activities and lead their own play and learning. Their interests were met through a range of play experiences, such as, role play, physical play,

creativity and reading. Children of different ages played together, providing opportunities for collaboration, the sharing of resources and developing responsibility.

Various age appropriate resources were easily accessible to the children indoors and outside. They told us new resources had been recently bought to support their play and learning. Children were having fun, developing skills and interests while attending the service. We discussed with management the benefits of recording the planning of activities and experiences, to support the evaluation of the service. A parent told us "The children are involved in making plans for activities they wish to take part in". Floorbooks were being used to display photographs of the activities and experiences children had been involved in during the summer programme at the club. We suggested the use of Floorbooks may also be helpful when recording the planning of activities, children's interests and learning. Children could take ownership of the Floorbooks, which would encourage them to be involved and included in the service.

Staff engaged and interacted very well with children, with quality interactions, engagement and support. Children were encouraged and supported in their play, for example, staff joined in a game of tennis outdoors with the older children, the younger children's time spent on the tablets and Wii was monitored to allow everyone a turn and staff provided children with suggestions of different activities when they left the Wii. One of the younger children involved a friend and a member of staff in his planning and then creation of a 'cat house'. The member of staff was encouraging the child's thinking and problem solving as they used open ended resources in their creation. A parent shared "They always have fun and don't want to leave!"

Children told us they enjoyed playing outdoors and this was a daily experience for them. There was free flow to the outdoors, with most of the children accessing outside during their sessions. They had opportunities to be involved in physical play and have fresh air. Some children had fun in group activities, made use of the various equipment and wheeled toys, while others were involved in imaginative play, or sat chatting with staff. One child enjoyed their time, sitting reading a book, which they later shared with a member of staff. A parent said "My child loves playing in the fairy garden at club. She also enjoys her time out in the playground taking part in various outdoor activities such as riding scooters or playing on the school climbing frame".

Children were supported to assess their play and risky play experiences were available, for example, rolling down the ramp on the skateboards and scooters and using the climbing equipment. We asked staff to ensure children's safety with the consistent use of helmets when using the wheeled toys.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 2.2 Children experience high quality facilities

The service made good use of the spaces available to them within the school and in the portacabin. These areas were clean, tidy and well maintained, which promoted children and staff's health and safety. The portacabin was a bright and welcoming space for the younger age groups attending the service. The GP room provided the older children with space to be involved in their activities and extend their ideas. Staff had set up both spaces for the children arriving, to encourage and inspire their play. Consideration should be given to children's comfort, rest and relaxation with the further development of the cosy space within the GP room.

There were a variety of age appropriate resources indoors and outside for the children to independently access as they were interested. Children asked for resources not already available and these were brought out for them. Children could take resources outside which were originally in the portacabin. For example, a group of children participated in imaginary play together indoors, using the dressing up clothes and hats. When the outdoors became available, the children moved outdoors and this play continued for most of the afternoon.

Staff were very aware of children's safety. The indoor and outdoor spaces were visually risk assessed before the children attended the service. Written risk assessments were in place to inform these visual checks. They were reviewed annually, or when necessary, and updated when needed to ensure all risks were identified and minimised. Since the last inspection, the sliding locks on the playground gates had been made higher to stop children from easily accessing them. Staff supervised children well without impacting their play indoors and outside. Areas such as the school corridors and toilets were also monitored to ensure children were accounted for and safe.

Infection prevention and control measures were in place within the service, with children and staff handwashing when necessary to ensure health and wellbeing were supported. The tables used for snack were cleaned before and after use to ensure the potential spread of infection was minimised. Cleaning schedules were in place and audits undertaken to ensure cleaning tasks were carried out by staff to maintain the cleanliness and maintenance of the service.

Children's information was securely stored within the service in a locked filing cabinet to protect confidentiality.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 3.1 Quality assurance and improvement are led well

The service had experienced a time of change since the last inspection. The two deputy managers were taking responsibility as acting managers for the day to day running of the service while a new manager was being recruited.

The vision, values and objectives of the service provided a clear vision and direction for the service and this was shared with children and families.

An action plan was in place, using the requirement and areas for improvement from the previous inspection report, to support the service's improvements. This plan had been worked through and achieved. Management should now identify improvement priorities to take forward in consultation with staff, children and families. Staff talked of valuing the views of children and families, with regular feedback gained to support the continued development of the club. A parent confirmed "Regularly asked for feedback and ideas".

Whilst some auditing and monitoring had taken place, more formal evaluation of the service would support and identify areas for improvement. The staff team should now become knowledgeable of evaluation tools, such as 'A quality framework for daycare of children, childminding and school aged childcare' to provide

benchmarks to support the assessment of the service. All areas of the service should be evaluated, assessed and reflected upon to support improvement and high quality outcomes for children. The staff team should continue to develop robust quality assurance systems to support further improvement of the service and establish a culture of reflection and evaluation. The team may find the ELC bite sized videos available on the Care Inspectorate website and guidance on the Hub beneficial in supporting quality improvement.

Safer recruitment had been carried out when new staff had been employed, with necessary references and safety checks undertaken to ensure children's safety and the appropriateness of staff. Staff had undertaken an induction process when taking up their post and the use of the National Induction Resource was to be implemented to further support staff in their roles and responsibilities within the service.

Policies and procedures were in place which underpinned the service and supported staff practice. We asked that some of the policies be reviewed further and updated to reflect current guidance, for example, the missing child policy, accident and incident policy and infection control policy.

The service communicated with families daily at collection time and through newsletters and a private Facebook page, which provided opportunities to share information and ensure parents were fully informed about club news and events. Positive relationships were observed as parents collected their children, with staff friendly and sharing information about activities the children had been involved in during the session. A parent told us "Everyone is welcoming and caring".

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 4.3 Staff deployment

Children's wellbeing was supported by compassionate and responsive staff who knew children well. There was a mix of experience, knowledge and skills within the team. The staff worked well together and showed courtesy and respect towards each other, creating a happy and relaxed environment for the children and families. They talked of supporting each other and being supported by management.

There were sufficient staffing levels across both inspection afternoons, with staff appropriately deployed throughout. They adjusted their deployment effectively outdoors when most of the children were outside and as the children moved around participating in a range of activities. Indoors, staff communicated well with each other when leaving the area or room to ensure children continued to be supervised and their play supported.

Daily catch ups and regular team meetings kept staff up to date with service information, as well as giving them time to discuss children's needs and interests, which contributed to consistency in children's care and support.

Children were cared for by staff who showed a genuine interest in them, for example, asking how their day had been at school and joining in children's interests and play, which helped children feel included and respected. There were positive, friendly relationships between staff, children and families. A parent commented "I find the staff to be very helpful and engaging".

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 November 2023, the provider must ensure children are kept safe, both indoors and when playing outside.

To do this the provider must at a minimum ensure:

- a) Staff are aware of the factors which raise the potential risk of children leaving the environment unsupervised and take action to prevent any occurrences.
- b) Effective risk assessments are carried out by competent staff.
- c) The outdoor area including gates and fencing, are fully secure and keep children safe and protected.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 that:

'My environment is secure and safe.' (HSCS 5.19).

This requirement was made on 24 November 2023.

Action taken on previous requirement

Staff were aware of the importance of effective supervision of the children, indoors and outside. Written risk assessments were in place to support staff when visually risk assessing the environment. Staff continued to risk assess the service whilst the children attended. Staff monitored the playground well while the children were outdoors. The playground was secure and the gates had high slide locks which made accessing them more difficult for children.

Met - within timescales

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

Children should experience high quality care, play and learning. The manager should ensure quality assurance, including self-evaluation and improvement plans are in place and lead to continuous improvement.

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 24 November 2023.

Action taken since then

The acting managers were developing the quality assurance systems with the support of the team. We encouraged them to continue with routine self evaluation and reflection to identify improvements needed within the service.

Previous area for improvement 2

To ensure children receive high quality care, play and learning, the provider must implement and embed a robust and effective induction that ensures consideration is given to children's care, play and learning needs.

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 practice and follow their professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 24 November 2023.

Action taken since then

New staff members had participated in an induction to support them in their roles and responsibilities. Management were to implement the National Induction Resource to further support the induction programme.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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