

Oscars Playscheme Day Care of Children

Pilgrim Community Church
1 Victoria Place
Airdrie
ML6 9BY

Telephone: 07881991299

Type of inspection:
Unannounced

Completed on:
6 September 2024

Service provided by:
Oscars Playscheme

Service provider number:
SP2003000953

Service no:
CS2003004582

About the service

The service is provided by Oscars Playscheme, which is a registered charity. The management committee are parents of children using the service. A named manager is employed to manage the day to day running of the service.

The service is registered to provide a care service to a maximum of 24 school age children term time or a maximum of 16 school age children during school holidays. The service is registered to operate Monday to Friday between the times of 15:00 to 18:00 and 08.15 to 18:00 during school holidays. During the operating times the service will have the exclusive use of the church hall and kitchen.

About the inspection

This was an unannounced inspection which took place between the 04 and 06 September 2024. The inspection was carried out by one inspector from the Care Inspectorate. A second inspector attended the inspection from the Care Inspectorate. They were shadowing the lead inspector.

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 a small number of children using the service
- gathered feedback from four family members of children using the service
- spoke with staff and management present on the days we visited the service
- gathered the feedback from two staff using a survey
- observed staff practice and children's experiences on the days of our visits
- reviewed documents.

Key messages

- The service was warm and welcoming. The children were settled and very familiar with the daily routines. They had fun playing and learning new skills. Staff had created play experiences that supported the children's needs and interests.
- The main playroom was clean and well maintained. However, the toilet and kitchen areas required improvement to meet good practice guidance.
- The staff team had formed positive relationships with the children and families. Children and staff were laughing and chatting, children were keen to tell staff about their news.
- The service needed to take action to improve children's access to play outside. Children should have access to indoor or outdoor play every day.
- Staff were committed to their professional development and working hard. This included gaining childcare qualifications and attending training to develop their skills and knowledge.

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 were happy and settled. They had formed positive relationships with peers and staff. All the children knew each other and played well together. Interactions between the children and staff were respectful and kind. Staff were polite and respectful of children's choices. Staff were skilled at knowing when to offer help. This created a nurturing environment where everyone's views and opinions were valued.

Children welcomed new children into the service. The older children buddied up with the new children each year at the start of term. They helped children to keep safe walking from school to the service and to become familiar with the daily routine. This helped to smooth new children's transitions and help them to feel safe.

Mealtimes were a relaxed social time of the day, children sat and ate together. Recent changes to the snack routine had given the children more opportunity to be involved. They now planned the snack menu and, on some days, prepared and supervised the snack. Children told us they liked how they were now more involved and they liked to prepare and serve the foods to their friends. We discussed for staff to ensure that the foods offered were healthy and nutritious.

Records were held for each child. Enrolment forms gathered information to ensure staff were informed of children's needs. Children's personal development plans were in place, these identified children's needs and interests. We discussed the need for these forms to be improved. For example, they must record the children's start date and to have a meaningful personal plan, that identifies children's needs and records how staff planned to meet these. More information can be found on the care inspectorate hub in the guide for providers on personal planning.

The service had satisfactory systems in place to safeguard children. This included a child protection policy and staff that were informed about their roles and responsibilities. We discussed with the manager to review some of the written policies to ensure they were reflective of the most recent legislation and good practice. The manager agreed.

Quality Indicator 1.3 Play and learning

The main hall was set up for children arriving from school. Staff told us the play areas were set up to provide materials and activities that children had requested. For example, a hairdressers, board games and craft area. Children told us they get to suggest activities and staff are good at providing these.

Children were engaged over the two days we visited. Children played individually and in small groups, mostly with children around their own ages. Imaginary and role play were popular. This type of play could be enhanced by children having access to a wider range of materials, that reflected their needs and interests. Children were learning to play various board games, resulting in some friendly competition between staff and children. Children told us they were happy with the materials and play on offer.

There were a few occasions where the noise levels within the service impacted on children's experiences. All children were cared for in the main hall, there was no choice given to children to play outside. This limited children's opportunity for active play and access fresh air. When asked what could make the service better, one child did tell us they would like to get more outside play and another that they rarely play outside. We have made an area for improvement for the service to offer children a choice to play inside or outside (see area for improvement one).

Areas for improvement

1. To support children's wellbeing, learning and development the provider should ensure children have daily access to choose to play inside or outside.

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 indoor and outdoors. (HSCS 1.25) and 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

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

Overall, the premises was secure and the service made good use of the inside space. Children's access to outdoor play and local amenities, needed to be improved. We made an area for improvement under the key question, how good is our care, play and learning.

The hall used by the service was found to be in good condition. It was clean and well maintained. The area was set up with interesting materials for children when they arrived. This invited children to play and learn, which they did. The play space was well laid out, spacious and resources were in good condition and accessible to children. Children told us that they could play with the materials that were out, but that they could ask for other items from the cupboard. Children were happy with the indoor play and learning experiences on offer.

We did identify some areas that needed to be actioned, this included storage of cleaning materials and cleanliness of some areas within the kitchen and toilets. All children used the same toilets, there were no separate gender specific toilets. We discussed our concerns with the staff and they did take action to improve some areas after the first day of the inspection. However, we have made areas for improvement, as some of these concerns had been identified at the previous inspection and were found not to be addressed (See area for improvement one and two).

Areas for improvement

1. To support children's wellbeing, the provider should ensure the children have access to toilets that met good practice guidance for school age child care and good infection, prevention and control safety measures. This should include, but not be limited to separate gender specific toilets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: if I require personal care, this is carried out in a dignified way, with my privacy and personal preferences respected (HSCS 1.4).

2. To support children's wellbeing, the provider should ensure the children are cared for in a safe environment. This should include, but is no be limited to:

- hazardous materials must be kept out of reach of children
- hand washing sinks being easily accessible for food preparation and snack times
- cleaning materials being stored following guidance to reduce cross contamination.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.24)

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 service provider is made up of a parents management committee. They met regularly to make decisions about the service. They supported the manager to ensure legislation and good practice guidance was followed. We discussed the service operational hours, as a result the manager submitted a variation to the Care Inspectorate to change these. The conditions of registration have been updated and now met the needs of the service.

Self evaluation within the service was mostly informal and at the early stages of being developed. For example, questionnaires had been sent out to gather feedback from parents and children. More recently they had consulted with children, to enhance how they used children's voices to influence the type of service provided. They had asked the children what they wanted and involved them in making decisions, such as the snack menu. The staff told us that they planned to continue to further develop the children's input and were hoping to reinstate the children's committee. Children were excited and pleased to be asked for their views.

Most parents agreed they were welcomed into the service. However, one parent felt this could be better. When welcomed inside, parents could see their children at play and how they interacted with children and staff. The staff told us they had requested for families to get more involved, as a result family members had agreed to come in teach children some new skills, such as knitting. Parents were being kept informed about service through emails, newsletters and daily chats.

Recently there had been changes to the management team and staffing. The new team were, at present, learning about the service. Information had been gathered to support them to identify the service strengths and areas for improvement. The management told us they were now ready to collate findings and prioritise tasks to further enhance outcomes for children. The service was at the early stages of this process, but were heading in right direction. More information about self evaluation and quality assurance can be found on the Care Inspectorate hub. We have made an area for improvement around quality assurance (see area for improvement one).

The new staff team had prioritised building relationships with staff, children and parents. They told us that this had gone well. We observed close bonds with children and parents. The new manager was informed about the children and families needs. Staff worked well together. We discussed the need to ensure all staff were skilled school age child care practitioners. The manager agreed to include staff development within the service improvement plan.

Areas for improvement

1. To support children wellbeing, learning and development the provider should ensure the service has a robust quality assurance system. This should include, but not be limited to evidence-based evaluations, well thought out plans to manage change and to ensure all involved have the necessary information and resources.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19) and 'I experience high quality care and support because people have the necessary information and resources (HSCS 4.27).

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

Staffing levels met the needs of the children and were within the recommended adult to child ratio. Staff were well deployed during the school collections and within the service. They worked well to ensure daily tasks were completed, with minimal impact on children. Staff were skilled at observing children's needs and knew when to provide help.

The staff had positive relations with each other and the children and families. They were caring kind and respectful to the children and each other. Parents told us they had formed strong bonds with the staff. Most parents told us that staff took the time to talk to them at pick up time however, one parent felt pick up time can be rushed with little opportunity for discussion.

Staff had grown in confidence, some had achieved new qualifications. Others were working towards further developing their skills and knowledge working with school age children. The new team were of mixed skills and abilities. They were keen to share their knowledge and good practices.

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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