

Tracy's OOSC Ltd Day Care of Children

Gowanbank Primary School
1 Craigbank Drive
Glasgow
G53 6RA

Telephone: 07715804204

Type of inspection:
Unannounced

Completed on:
5 September 2024

Service provided by:
Tracy's OOSC Ltd

Service provider number:
SP2023000043

Service no:
CS2023000057

About the service

Tracy's OOSC Ltd is a service offering day care of children. The service is registered to provide a care service to a maximum of 70 school age children at any one time. It is located within Gowanbank Primary School campus in Glasgow, with access to local transport links, parks, local shops and amenities. Children using the service have access to two of the school halls and two outdoor playground areas. Thirty six children attended the service on the first day of inspection, and 25 children attended the service on the second day.

About the inspection

This was an unannounced inspection which took place between 3 September 2024 and 5 September 2024. The inspection was carried out by one inspector 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
- reviewed 23 completed questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- Children enjoyed attending the service and had fun with staff and their friends.
- Staff knew children well, were nurturing, and cared for them sensitively.
- Children had access to a wide range of resources that supported them.
- Children had a strong voice and ownership within the service.
- Staff supported children's rights to be met.
- Feedback from staff, families and children about the service was very positive.
- The staff team and management worked very well together to meet all children's needs and ensure the service operated to a high standard.
- The staff and management should work towards bringing parents into the environment to further enhance relationships.
- The provider should make improvements to the storage and administration 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?	4 - Good
How good is our setting?	5 - Very Good
How good is our leadership?	5 - Very 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?

4 - Good

We evaluated different parts of this key question as good and very good, with an overall grade of good. Several strengths impacted positively on the outcomes for children and clearly outweighed the areas for improvement.

Quality indicator 1.1: Nurturing care and support

Staff had established trusting and positive relationships with children. Children were excited to be at the club and spend time with the staff who looked after them. Children spoke very positively about the care they received from staff at the service. One child said "they are really really nice, they are kind and look after you". This supported children to be confident, independent and feel nurtured.

Staff had established trusting and positive relationships with families. Parents were collecting children from the front door. We spoke about the importance of parents accessing the service to further enhance relationships and attachments for children and families. The manager should progress with their plans to bring parents back into the service safely.

Children enjoyed an unhurried and social snack with their peers and staff. Staff valued this time to chat with children and find out about their day. They selected a wide range of nutritious snack from a grazing board at each table. Children told us they were able to put forward suggestions for snacks. This meant children experienced a snack time that supported their choices, independence and social skills.

All children had a personal plan in place. The plans were created in partnership with families and children using the wellbeing indicators of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI). The wellbeing indicators were displayed in the service, and children were able to point this out and talk about their plans. One child said "It's called SHANARRI, we fill it out with our keyworkers".

We observed that staff knew children's preferences, likes and dislikes well and used this knowledge to care for children. We sampled personal plans. Staff had updated the health and safety information about children when this had changed. This meant staff could care for children safely and support their health needs to be met. However, we found some of the care plan sections that children completed had not been updated. The management should continue with their plans to reflect and update the children's care plans section of the personal plan. This will support new staff to view up to date information about children's likes and dislikes and enable them to care for children in line with their preferences.

Staff had an inclusive approach to ensuring barriers were removed and supports put in place for children to have fun and engage fully with their peers and experiences at the club. For children with additional needs, well recorded support plans were in place. For example, staff set out the environment carefully to ensure all children had space and freedom to explore the resources and experiences on offer. We concluded, staff worked well with families, outside agencies and children to put timely interventions and supports in place that allowed for children to meet their full potential.

We found the approach to storing and administering medication was inconsistent. Some medication records did not reflect the prescribed instructions, forms were incomplete, and parents had not given written consent for medication to be administered. When we highlighted this to the manager, they began to take

action to ensure all records were recorded accurately with written consent from parents, and all medication was stored safely. See area for improvement 1.

Quality indicator 1.3: Play and learning

Children confidently led their own play. Staff planned experiences and developed them throughout the session in response to children's interests and play ideas. This helped children have fun while learning through play. Various experiences were available to support children's skills including board games, mark making, creative modelling, physical play resources, and small world/imagination toys. Staff were on hand to support, and guide play where appropriate.

Parents were very positive about the play opportunities at the service. Some of the comments we received included:

"My child is offered a range of activities and likes to participate in her favourite things such as gymnastics on the mat. Is offered football etc things she wouldn't usually do so it's great."

"The activities and care are tailored to what the child interest are. They have varied outdoor activity to promote health and wellbeing. Days out to play parks, zoo, cinema, survival in forest day, animal brought to service, football training, indoor play bouncy castles, water play."

Staff skilfully planned in response to children's interests. They gathered children's ideas and interests through various methods including questionnaires, emotions suggestion boxes, and wall displays. They used the views gathered from children to plan the experiences, snacks and trips. Children commented positively on the choices and experiences they had at the club. Some of the comments we received included:

"I like playing games and playing outside with friends."

"It's a fun place to come."

"I like to play on the physical mats, and sometimes we go to the pitch."

"We got to vote on outings for holiday club, we got to go to new parks and Ayr".

Children had increased opportunities for play beyond their setting. During the school term, weekly trips to the local swimming pool for older children had taken place. During holiday clubs, exciting and engaging trips were planned that supported children's interests. For example, trips to parks, beaches and outdoor play spaces. This supported children's play beyond the setting and developed their relationships within their local and wider community.

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure medication is stored and administered safely.

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

Children had access to two adjoining halls and the outdoor areas in the school. The setting was very comfortable and furnished to a high standard. Both spaces were bright and benefited from lots of light and ventilation through open doors and windows. This sent a strong message to children that they mattered.

Indoor and outdoor environments were sensitively structured. Children could move between the two indoor spaces and outdoors. There were lots of interesting experiences set out that reflected children's interests. Areas were zoned off well, with places for children to rest and relax. For example, children enjoyed resting with their peers on cushioned areas that had been positioned away from the busier part of the play space. Almost all parents responded "always" when we asked if their child could rest, sleep or relax when they need to. This meant children had adequate space for their needs and spaces were interesting and exciting for children.

The staff and management had developed trusting and positive relationships with the school community including the facilities team. Well-functioning arrangements were in place for maintenance and cleaning of the service. Staff carried out daily checks of the environment to make sure it was safe. This meant children benefited from a safe, secure and well-maintained environment.

Robust infection prevention and control policy and procedures were in place. For example, we observed play spaces, toilets, and resources to be visibly clean. Staff and children practiced effective handwashing. This kept children protected from the spread of infection.

Systems were in place to keep children safe and accurately account for them while at the service. The school had secure door entry and a safe perimeter fence. Registers were in place. They were completed and updated accurately, and staff communicated well with each other as children left the service with their adult at the end of the session. This kept children safe.

How good is our leadership?

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 3.1: Quality assurance and improvement are led well

Positive working relationships between the provider, management and staff contributed to a shared vision for the service. Staff spoke positively about their relationship with the management team. They felt their views and ideas were welcomed by the management team and influenced what happened in the service. One person said "I really enjoy working for Tracy as I couldn't ask for a better manager she is always there to help and support her staff". This contributed to a shared responsibility towards achieving positive outcomes for children.

Children told us they felt included in the service and knew their ideas would be listened to, they gave us examples of when this had happened. One child said "If you make a suggestion for something, like digestive biscuits, you will know they listen as you will see biscuits out at snack".

Children had full ownership and autonomy within the club. Staff used their views to guide the direction of the club and children took a key role in the operation of the service. For example, children were responsible for showing visitors around. They took a key role in the inspection process. This supported children's rights to be met and gave them opportunity to increase their skills in citizenship.

Parents who provided feedback agreed or strongly agreed with the following statement: 'My child and I are involved in a meaningful way to help develop the service'. Their views were gathered informally through general interactions and formally through questionnaires. Feedback from families to us and the service were very positive with no suggestions for improvement. We spoke to the management about sharing their responses with families to show the positive responses gathered. This meant parents views were being gathered to measure success and shape any improvements and enhancements to practice.

The manager had a system of monitoring in place which included staff training, accidents audits and staff appraisals. The management team carried out informal monitoring as they worked alongside the staff. Formal monitoring of staff practice was fed back to staff at supporting supervisions. This gave staff an opportunity to reflect together with management. They agreed actions to make enhancements to their practice that supported quality outcomes for children and families.

A meaningful development plan was in place. It was used to summarise the quality assurance tasks planned, and plan improvements and enhancements to practice. The staff team and management were using team meetings to informally self-reflect on practice and plan improvements. This had led to children experiencing positive experiences and outcomes because of the high-quality approaches. The staff and management could further enhance their self-evaluation and quality assurance approaches by recording self-evaluation and expanding on quality assurance tasks using best practice guidance and self-evaluation tool kits. We signposted the management to the Care Inspectorate Hub to support with this.

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

Staff worked very well together and were committed to providing high quality experiences for children and their families. They communicated well with each other to ensure they maintained quality interactions with children. We observed staff being nurturing to children, families, each other and visitors. Feedback from parents about the staff team was positive. Parent comments included:

"The staff are all very friendly and helpful. Also very informative about the children they take time to get to know them."

"Every time I pick my daughter up staff are very nice, friendly, tell you about your child's day how they have been, they communicate well with parents and can't fault them".

"The staff are amazing, caring and compassionate".

This meant children and families felt welcomed in the service, and staff had established trusting relationships with parents and children.

There was enough staff to meet children's needs. Parents commented positively on the staffing levels. Staff spoke positively about this and how the additional staffing supported them to meet the needs of children in their care. One person said, "I'm confident that there are appropriate staff ratios to provide high quality care for the children." Another said, "We as a team are responsible for ensuring the welfare of our children in our care are met at all times and do to this we need to have sufficient staffing levels at all times." We concluded the effective staff deployment meant there was enough staff to ensure children's individual needs were met well.

Staff were placed throughout the service in an effective way, respecting children's rights, but also ensuring children were safe and secure. For example, staff positioned themselves across the two halls and outdoors to allow for children to free flow across all areas freely. This helped keep children safe, and gave them freedom and choice.

Staff were recruited safely, and they were registered with Scottish Social Services Council (SSSC) within the first three months of their employment. The SSSC provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. Some staff were required to complete qualifications to meet their registration, and management were supporting them with this.

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	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?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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