

Flexible Childcare Services (Aberdeenshire) – Inverurie Day Care of Children

Inverurie Community Campus
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
SP2019013370

Service no:
CS2019376997

About the service

Flexible Childcare Services (Aberdeenshire) - Inverurie is registered to provide a day care of children service to a maximum of 18 children with additional support needs of an age to attend primary or secondary school. There were up to six children present during the inspection visits.

The service will comply with the following minimum staffing: one adult to every three children. A minimum of two adults must be present at all times. The manager is also the manager of Flexible Childcare Services (Aberdeenshire) - Stonehaven, Flexible Childcare Services - Alford, and Flexible Childcare Services - Old Meldrum.

The service operates from St. Andrew's School Inverurie, part of the Inverurie Community Campus. The school caters for children with additional support needs and is located within close proximity to the town centre.

About the inspection

This was an unannounced inspection which took place on 14 September 2024 between 9:45 and 15:15 hours and 16 September 2024 between 15:15 and 17:00 hours. 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 and complaint 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 one of their parents/carers
- received 11 completed questionnaires
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- There were gaps in staff knowledge and understanding in identifying and responding to potential child protection concerns. The providers were supporting staff to increase their knowledge and understanding to promote children's safety and wellbeing.
- Children's health was not always supported as the management of medication needed improvement.
- Children's wellbeing and learning was not benefitting from the effective use of personal plans.
- Children were not benefitting from a service which was well led with effective quality assurance and improvement processes to support positive experiences and outcomes.
- There were not always enough staff to meet the individual needs of all children.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

2 - Weak

We evaluated different parts of this key question as weak and adequate, with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 1.1: Nurturing care and support.

Interactions between children and staff were inconsistent. Children were welcomed into the service and some received support which helped them to settle into their activities. Other children did not receive the nurturing interactions needed to support their wellbeing.

Children's privacy was promoted when undergoing personal care routines, such as changing. Interactions at these times varied with some being focused on tasks involved in the routine.

This meant that for some children the experience was less nurturing.

Children's choice was supported by a flexible snack time. Staff invited children to come to the table and supported their safety by sitting with them as they ate. Children's health was supported at mealtimes by staff awareness of dietary restrictions and allergies. At lunchtime, interactions between children and staff were limited. This meant that children did not all have a sociable and nurturing experience.

Children's wellbeing was not effectively supported by the use of personal planning. Plans were not always well maintained or regularly reviewed, which could result in poorer outcomes for children. Although staff caring for children showed a general awareness of children's care needs, these were not well reflected in children's personal plans. This meant there was potential for staff to miss key information, provided by families, that would support them to meet children's needs (see area for improvement 1).

The management of medication did not promote the meeting of children's health needs. Storage of medications did not meet with the services policies or best practice guidelines. Medical information was not reviewed within the recommended timescales. Information held was not always clear or detailed enough to support staff in administering medication. This posed a potential risk to children. We discussed this with senior management and were satisfied that they took action during the inspection to address immediate concerns. This included improved storage and an audit of information held. Further work was needed to embed and sustain these changes in practice (see requirement 1).

Children's safety was not supported by a strong understanding of potential safeguarding issues. A previous requirement had been made and although actions for improvement had been planned these had not all been completed. See "What the service has done to meet any requirements made at or since the last inspection" further in the report. Further training and support for staff had been arranged to take place shortly following the inspection. We agreed to extend the timescale for the requirement to allow an evaluation of the impact of this.

Quality indicator 1.3: Play and learning.

Some children experienced positive activities which reflected their interests. This was not consistent for all children. This meant some children did not receive the opportunity to become engaged with activities or resources which reflected their interest and promoted their curiosities.

Planning for children's learning and development was not effective to support consistently high-quality experiences. Activities and resources available were based on staff knowledge of children's interests and past experiences. However, they did not always promote children's engagement. For example, staff recognised that a few children were interested in technology, however there were not enough resources or experiences planned to engage or sustain their learning. This led to children who were frustrated and distressed. There was limited evaluation of children's experiences and engagement taking place. Developing the process of evaluating children's experiences would assist staff in planning activities that supported children's interests and curiosities (see area for improvement 2).

At times, staff were responsive to children's immediate choices and interests. For example, one of the children enjoyed spontaneous storytelling and another child enjoyed a short time in the garden with favoured resources. These experiences supported individual children to feel relaxed and happy.

Staff tried to use the amenities in the local community to extend children's experiences. This included walks and visits to a local play park. However, these were more a part of the daily routine than a reflection of children's wishes or interests. During our visit, all children were taken to the park, this reduced their choice and ability to follow their interests. The walk to the park was rushed, meaning there were no opportunities taken for children to engage with staff or observe the environment. This meant it was not a relaxed and enjoyable experience for the children.

Parents who responded to our request for feedback said were overall happy with the experiences offered. Some told us how much their children enjoyed specific activities. There were some suggestions that more use could be made of the resources available within the school campus and one parent commented they would like more information on their child's developing communication and social skills.

Requirements

1. By 14 October 2014, the provider must ensure children's health and safety needs are met through the safe storage and administration of medication. To do this, the provider must, at a minimum:

- ensure information about children's medical needs are clearly recorded and easily accessible.
- ensure medication is stored safely
- ensure that medication records are fully completed, regularly reviewed and promote staff knowledge and understanding of the safe administration of medication.

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 care and support meet my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. In order to promote positive outcomes for children, the manager should ensure that personal plans are used to support children's individual wellbeing. This should include but not be limited to:

- ensuring personal plans are fully completed and regularly reviewed with parents/carers

- ensuring plans contain sufficient detail of strategies to be used to support children to enable staff to provide consistent care
- ensuring that staff have access to the information in the children's personal plans.

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

2. In order to promote positive experiences and outcomes for children, the manager and staff should ensure that they experience high quality play, learning and development opportunities. This should include but not be limited to:

- planning activities and learning opportunities which are child centred and responsive to children's interests and life experiences
- developing the use of skilled interactions from staff to extend children's experiences and promote children's creativity and curiosity.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

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.

The service operates from a school designed for children with additional support needs. This provided a safe, clean, bright, and welcoming environment for children to enjoy.

Staff had recognised that there was not enough space in the main playroom to promote consistently positive experiences for children. There was limited space available for children to extend their use of resources and allow for the safe use of mobility aids. This had been relayed to the manager and senior management but, at the time of inspection, action for improvement had not been taken. The provider should address this issue as a priority (see area for improvement 1).

Children had access to two sensory rooms as well as the main playroom. This supported those children who needed a quieter environment. However, the temperature in the rooms was not at a comfortable level with one being chilly and the other stuffy. There were limited resources in one room, making it less inviting to children. This meant the rooms were not enjoyed by children to their full potential.

A garden area was accessible directly from the playroom. At the time of inspection, children were not freely accessing this area. The area had not been set up to make it inviting to children. Staff should consider how best to use the facilities available to them to provide positive experiences.

Resources in the main playroom were arranged at floor and table levels to facilitate a range of access. This added to children's choice and ability to lead their own play. The resources were in good repair, supporting children's safety. However, they were not always well chosen to reflect children's interests and promote engagement through a stimulating environment.

Individual children's safety was promoted through the assessment of any hazards and actions taken to reduce identified risks. Risk assessments for the premises or other activities were not detailed enough to support staff in promoting children's safety. For example, they did not consider how to maintain staff to child ratio when out in the community or how to ensure staff could get assistance when outwith the main room. The manager should ensure risk assessments are put in place and used by staff to promote children's health and safety (see area for improvement 2).

Children's health was supported by the infection prevention and control measures in place. These included regular handwashing, the cleaning of surfaces and appropriate use of personal protective equipment such as aprons and gloves. Staff were confident in their role in providing a clean environment for children.

Areas for improvement

1. To promote children's health and wellbeing the manager and provider should ensure that there is enough space to safely meet the needs of children and staff attending 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 enough physical space to meet my needs and wishes' (HSCS 5.20).

2. To promote children's safety, the manager and staff should ensure that specific risk assessments are in place which identify hazards and any actions to be taken to reduce the risk to individuals.

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

'My environment is secure and safe' (HSCS 5.17).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 3.1: Quality assurance and improvement are led well.

The vision values and aims of the organisation were not well reflected in the care and support offered to children. There were limited opportunities for staff to reflect on how well their practice reflected the aims of the organisation. Increasing these opportunities would promote improved experiences and outcomes for children.

Most parents felt that communication about their children's experiences supported them to feel involved in their child's care. A variety of methods were used including discussions when children were collected, social media and digital communication apps. Parents told us that they felt able to make suggestions, but they also said that they were, "Rarely asked for ideas on how the service can be improved", and

"Occasionally get asked for feedback". The manager and staff should look at ways to gather the views of parents and children and use this in the self-evaluation and development of the service. This would help to ensure that care and support is delivered in a way that meets the needs of children and families.

Children were not benefitting from a culture of continuous improvement. The auditing processes in place had not been used effectively to identify where improvements were needed to support children's health and wellbeing. For example, they had not identified where information was missing from children's personal plans or when reviews of mediation were missed. The provider should ensure that effective monitoring and auditing is implemented to support improvement. This should include, but not be limited to, regular reviews of paperwork as well as observations of practice and children's experiences (see requirement 1).

Self-evaluation processes were in place but were not always relevant to the individual service. This meant they were not effective in supporting staff to reflect on their practice and children's experiences. Putting relevant self-evaluation processes in place will support the identification of where improvements are needed to consistently meet children's individual needs.

An improvement plan had recently been developed but there had not been time for this to impact positively on children's experiences. Following the inspection, the senior management team assured us that they would implement improvements based on this and our feedback as a priority.

Requirements

1. By 17 January 2025, the provider must ensure that children experience positive outcomes by ensuring the service is well managed. To achieve this, the provider must at a minimum

- Ensure that quality assurance is undertaken and leads to improvement for children and families
- Implement the service improvement plan in practice.

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:

'I use a service and organisation that are well led and managed' (HSCS 4.23); and 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3: Staff deployment.

While the organisation recognised the importance of adequate staffing to promote the wellbeing of children, this was not effective within the individual service.

There were not always enough staff to promote positive experiences for children. Each member of staff had been allocated to provide care to individual children. This meant that at busier times of the day,

arrangements were ineffective in ensuring that staff could fully meet children's needs. For example, the preparation of snack took a member of staff away from the children and there was no other member of staff to fill that gap in care. Staff had raised this issue with senior management, but no action had been taken (see requirement 1).

Within the staff team there was a balance of skills and experiences. If there had been enough staff this would have promoted positive experiences for children and a mentoring of less experienced members of the team.

Children's continuity of care was considered when planning staffing allocations. Consideration was given to the relationships developed with staff to help children feel comfortable, happy and at ease. This included sessional staff who were covering absences.

More could have been made of opportunities for information sharing with parents at the beginning and end of the session. For some, this was rushed which meant there was potential for information not to be shared.

Children were supported and cared for by staff who were committed to their role and wanted to offer positive experiences to the children. They had formed a cohesive team which worked well together. Families told us that they felt the staff team was a highlight of the service. One parent commented, "The staff running the club are amazing. They do a fab job. They treat the individuals attending with kindness", and another said, "The staff know my child extremely well".

Requirements

1. By 30 November 2024, the provider must ensure that there are enough staff in place to meet children's individual needs.

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 needs are met by the right number of people' (HSCS 3.15).

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

Requirements

Requirement 1

By 1 March 2024, the provider must ensure that children are kept safe from harm, and that safeguarding concerns are reported, recorded and actioned. To do this, the provider must, at a minimum, ensure:

- a) all staff have access to effective child protection training
- b) all staff are able to demonstrate a clear understanding of when child protection procedures are to be implemented
- c) all staff are able to demonstrate a clear understanding of their safeguarding responsibilities in keeping children safe
- d) all staff are able to demonstrate a nurture-based approach to supporting children who disclose safeguarding concerns.

To be completed by: 1 March 2024.

This is in order to comply with:

Health and Social Care Standard 3.22: I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 13 August 2024.

Action taken on previous requirement

At a previous review of the requirement, the provider had developed an action plan to address the safeguarding concerns. Not all the actions planned had been implemented successfully, which meant that there were gaps in the knowledge, understanding and skills of staff on how to implement Child Protection procedures.

During this inspection, some of these actions were still outstanding. While staff were confident speaking about the process of recording a concern, they had not yet developed their knowledge and understanding of identifying concerns or of responding to disclosures of safeguarding issues with a nurture-based approach. Further training was arranged for the week following the inspection with support from the organisation to increase understanding also planned to follow the training.

This requirement has not been met and we agreed an extension until 14 October 2024.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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