

Islesburgh Out of School Care Service Day Care of Children

Islesburgh Community Centre
King Harald Street
Lerwick
Shetland
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Type of inspection:
Unannounced

Completed on:
27 September 2024

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2006128813

About the service

Islesburgh Out of School Care Service is situated in the Islesburgh Community Centre, in a residential area of the town of Lerwick.

The service is registered to provide care to a maximum of 42 children aged four and a half years to 14 years at any one time. When using the Radio Room and Drama Room together the maximum number will be 38. Between 19 and 20 children were present during the inspection.

The service is provided in a dedicated room and shared hall, with use of other rooms within the Community Centre.

About the inspection

This was an unannounced inspection which took place on 23 September 2024 between 14:45 and 17:15 and 24 September 2024 between 14:10 and 17:40. Feedback was given on 27 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:

- spent time with children using the service and spoke to one of their parents/carers
- received seven responses to our request for feedback
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were generally busy and happy in their play.
- Children should be given more opportunities to develop independence and lead their play.
- Some improvements had been made to the play environment since the previous inspection. Staff should continue to develop child centred play spaces.
- Quality assurance practices needed to be further developed to provide a robust system of self-evaluation and identification of areas for improvement.
- The service was undergoing significant challenges in relation to staffing and relied heavily on the use of relief staff. This was managed well, and staff worked well together to support 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
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. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children benefitted from caring, friendly interactions with staff. Parents commented positively on staff's relationships with their children. Over half of the staff team were relief staff during the inspection, however this was managed well to reduce the impact on children's care. Staff were attentive and responsive, supporting children with their activities. Staff who knew children best adapted their approach to suit children's preferred communication styles. Interactions were respectful, with staff modelling positive communication. This helped promote positive relationships between children and staff.

The core staff team knew the children well. Important information was shared verbally with relief staff to help them understand and meet children's needs. Where children had additional support needs, these were supported through the service working with other professionals. Personal plans were used to record children's needs, however some parents told us they were not involved in reviewing these. Personal plans did not always reflect staff knowledge of strategies being used to support children. Information for some siblings was recorded on one form, which held the potential for this not being personalised. Personal plans should be reviewed to ensure that they fully reflect children's individual needs and strategies used to support them. This will help ensure that all staff have access to up to date, relevant information to promote continuity of care for children (see area for improvement 1).

Children chose when they wanted to eat their snack, and who they sat beside. Children served themselves fruit, prepared by staff, and spread their own crackers. Staff supervised children throughout snack, with one member of staff sometimes sitting with them. This provided a safe, pleasant experience; however, we suggested that further opportunities for independence and social interactions could be developed. This would increase opportunities for children to develop skills and build sociable relationships.

Staff's knowledge of children promoted safe administration of medication. Children's medication was not stored in line with current guidance. Where children had two medications these were sometimes recorded on the same form. The forms and storage should be updated to reflect guidance. The impact of this was minimised by staff's knowledge of children's needs, however there was the potential for confusion. The manager agreed to review procedures to fully promote children's safety and wellbeing. We signposted the manager to supporting guidance 'Management of medication in daycare of children and childminding services' on the Care Inspectorate Hub (see area for improvement 2).

Quality indicator: 1.3 Play and Learning

Children were generally busy and happy in their play. When asked about the play activities available for their children most parents were particularly positive about the selection of art and craft activities. Activities were set out by staff before the children arrived. When children requested activities, these were planned for the following week. This meant that children's interests were not immediately followed up. One child told us they did not think they could ask for toys that were not already set out. We suggested reviewing these arrangements to promote spontaneity.

This had been discussed as an area for development at the previous inspection. The manager agreed to consider this to help support children to be more involved in leading their play and following their interests.

Children enjoyed playing outdoors. This was limited until after snack, with some children becoming bored while they waited. We suggested reviewing routines to support access to outdoor play for the whole session. Children ran around, played catch and hopped on pogo sticks. A group of children enjoyed playing a game hunting for treasure. A member of staff joined in, asking what kind of treasure they hoped to find.

Children had opportunities to develop language, literacy, and numeracy skills. When children chose to do homework, staff supported them with this. Others wrote their names and messages during craft activities. Children enjoyed a trip to the local library, where they were able to borrow books. Staff joined in games, counting with children, chatting and asking questions to help them expand their play. Some older children lacked challenge, and we encouraged management to audit children's experiences to assess where opportunities for depth of learning can be further developed.

Children benefitted from links with the local community. The service operated in the local community centre and children told us of outings they had been on. These included regular trips to the library, and to a local park and beaches during the school holidays. This helped promote a variety of experiences for children and help them feel connected to their wider community.

Areas for improvement

1. 1. To support children's care, welfare and development, the provider should ensure that personal plans fully support staff to meet children's needs. This should include, but not be limited to information about children's current needs and preferences and how these will be met. This information should be reviewed with parents every six months at a minimum.

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).

2. To support children's safety and wellbeing, the provider should ensure that all medication is stored and recorded appropriately. This should include, but not be limited to the manager and staff being fully aware of current guidance supporting the administration, storage and recording of medication, and putting this into practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our setting?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

2.2 Children experience high quality facilities

Children benefitted as the service was the sole user of the art and craft room. A comfy book corner with sofas was well used, and some children chose to relax here.

Children's work was displayed, which helped promote children's sense of ownership of this area. The shared hall was set up daily and partitions separated areas for active play and quieter activities. Following the previous inspection some development of this area included more floor play. We suggested the service consider further developing cosy areas with children to more fully promote a child centred, welcoming environment.

The outdoor area, which was shared with the community centre, was fully enclosed. This helped provide a safe space for children to play and develop physical skills. A large, grassed area and a smaller tarmacked area provided different surfaces to support different types of play. Children told us they did not generally access the outdoors when it was raining but had done this once wearing waterproofs. The service should consider arrangements to promote children's choice in accessing outdoor play more fully.

Staff worked well together to identify and remove risks. They used risk assessments to help identify potential hazards and actions to reduce these. Staff accompanied children to the toilet, which was also accessed by members of the public. Staff waited outside to promote privacy and dignity for children, whilst keeping them safe. Where children with additional needs required individual risk assessments, these were in place and familiar to staff. These measures helped ensure children's safety at all times.

Children's wellbeing was promoted through infection prevention and control practices. Surfaces were cleaned before and after food was served. Children were encouraged to wash their hands on arrival at the setting, and before eating. Staff supervised to ensure children washed their hands properly, reducing the risk of cross contamination.

Children's personal information was securely stored. All records were kept in a locked filing cabinet and the office was secured when not in use. This helped support families' right to confidentiality.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

3.1 Quality assurance and improvement are led well

Children and families had some opportunities to be meaningfully involved in developing the service. For example, the vision, values and aims had been updated recently in partnership with parents and children. Termly children's meetings had helped to gather their views. Parents told us they had previously been asked to complete feedback questionnaires and more feedback questionnaires were planned at the time of inspection. The manager planned to develop and embed further opportunities for children and families to share their views regularly to support the development of the service.

Some quality assurance practices had been developed since the previous inspection. Regular one to one meetings between management and staff gave opportunities for support and to identify professional development needs. Team meetings supported the staff team to get together to discuss practice, strategies and identify improvements.

Self-evaluation was in the early stages and not yet embedded into practice. We suggested that referring to guidance documents such as the Care Inspectorate: 'Quality framework for daycare of children, childminding and schoolaged childcare' would support staff in this process. Consideration of outcomes for children were not part of the self-evaluation or quality assurance processes.

The manager agreed to consider implementing audits to support robust quality assurance which would lead to improvements (see area for improvement 1).

Where the service had identified areas for improvement, these were recorded in an improvement plan. Goals were relevant and achievable, and the service were being supported by the local authority to meet these. The service now needs to build on current practices to develop a robust system of quality assuring and improvement planning to identify and fully support improved outcomes and experiences for children.

Areas for improvement

1. 1. To support ongoing improvement and positive outcomes for children the provider should ensure that robust and effective quality assurance processes are in place. This should include but is not limited to:

- a) regular monitoring of practice and the impact on outcomes for children
- b) regular self-evaluation against supporting guidance, including all staff.

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

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

4.3 Staff deployment

Children were cared for by a staff team who understood their roles and supported each other. The service was undergoing significant challenges in relation to staffing and relied heavily on the use of relief staff. This was managed well, with actions from the manager and staff to support relief staff being particularly effective. Some core staff adjusted their roles to provide leadership for the team. During the inspection, between two and three relief staff were working their first day in the service. Some of them had prior knowledge of some of the children and this, alongside effective communication, helped support continuity for children.

Staff were well inducted to prepare them for their roles and responsibilities. This was based on the Scottish Government's "National Induction Resource" and the manager had developed a separate induction for relief staff. When we spoke to staff they told us they felt supported and well informed. This helped the staff team work together to support children's care needs.

We discussed the potential for frequent staff changes to negatively affect children's outcomes and we were given assurances that the local authority were considering ways of employing a more stable staff team.

Children were well supported during transition times throughout the session. Collection of children from school was carried out safely and children were accompanied by staff either by bus or on foot. Procedures were in place to ensure staff knew who they were collecting and what to do if children did not arrive as expected. The Missing Child policy had been updated to support staff to take appropriate action when children did not attend as expected.

Parents were welcomed into the setting at collection time and staff signed children in and out of the service.

Staff were deployed well throughout the setting. Each member of staff was allocated an area to supervise. They communicated well when they were moving to different areas to ensure children received the necessary support and consistent supervision.

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

To support children's safety, wellbeing, learning and development, the provider should ensure that effective quality assurance approaches are used identify areas for improvement and potential risks to children. This should include, but is not limited to arrangements for children accessing areas of the building safely, and policies to protect children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 9 November 2024.

Action taken since then

Some developments to quality assurance practices had positively impacted on outcomes for children. As a result of these, children's access to areas of the building had been risk assessed and a procedure put in place to support children's safety when accessing the toilets shared with the public. The Missing Child policy had also been reviewed and updated to support staff to take appropriate action when children did not attend as expected.

Some quality assurance practices had been developed since the previous inspection. Regular one to one meetings between management and staff gave opportunities for support and to identify professional development needs. Team meetings supported the staff team to get together to discuss practice, strategies and identify improvements.

Self-evaluation was in the early stages and not yet embedded into practice. We suggested that referring to guidance documents such as the Care Inspectorate: 'Quality framework for daycare of children, childminding and schoolaged childcare' would support staff in this process. Consideration of outcomes for children were not part of the self-evaluation or quality assurance processes. The manager agreed to consider implementing audits to support robust quality assurance which would lead to improvements.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under key question 3.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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