

# Newmachar After School Club Day Care of Children

Newmachar Primary School  
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**Type of inspection:**  
Unannounced

**Completed on:**  
14 October 2024

**Service provided by:**  
Newmachar After School Club

**Service provider number:**  
SP2003000522

**Service no:**  
CS2003002660

## About the service

Newmachar After School Club is situated in the village of Newmachar, Aberdeenshire.

The service is registered to provide a care service to a maximum of 32 primary school-aged children at any one time when operating from Newmachar Primary School or a maximum of 24 primary school-aged children at any one time when operating from Newmachar Church.

We inspected the service whilst operating within Newmachar Primary School. Children have access to the school playground and multi-purpose sports court. The service is near a bus route and is close to local facilities, a playpark, and green space.

## About the inspection

This was an unannounced inspection which took place on 8, 9, and 14 October 2024 between 15:00 and 17:30. 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 three of their parents/carers
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

## Key messages

- Most children enjoyed attending the club.
- Snack times could be improved with more healthy food choices and opportunities for independence and responsibility.
- Children's health and safety was compromised by the poor storage of medication and insufficient staff knowledge of children's medical conditions. This was addressed during inspection and improvements were made.
- Children had access to a variety of play materials. However, the activities and experiences offered to children could be improved.
- Self evaluation and quality assurance processes could be improved to support the development of the service and ensure positive experiences for 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.

### 1.1 Nurturing care and support

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

Most children experienced nurturing care and support. Most staff were kind and responsive to children's needs. For example, a child who was upset on arrival was supported by staff to feel happier. Most children had a positive relationship with staff and commented, "The ladies are nice". This contributed to most children who were happy to attend.

Children's health and wellbeing was not supported by effective personal planning. Children's personal plans had not been recently reviewed and information was out-of-date. There was insufficient information in children's individual plans to promote staff's knowledge and understanding of children's support needs, likes, dislikes, and interests. This raised the potential for inconsistent care and poor outcomes for children. The requirement made at the last inspection had not been actioned. We have given the provider additional time to improve children's personal plans (see requirement 1 under the section 'What the service has done to meet any requirements we made at or since the last inspection' of this report).

Snack times could be improved with more healthy food choices. Children were offered healthy fruit, however menus also contained processed foods high in sugar and salt. Fruit was prepared in advance and children queued to self serve. This meant some children were waiting in a queue for some time rather than enjoying activities. Children were not involved in preparing and organising snack. This limited the opportunities to extend their responsibility and independence. Children were offered water or milk to drink which promoted good dental health (see area for improvement 1).

We sent a letter of serious concern to the service on 10 October 2024. Children's health and safety was compromised by the poor storage of medication and insufficient staff knowledge of children's medical conditions. This required immediate action. We returned to the service, on 14 October 2024, and found medication was stored safely, staff had undertaken online training, and children's information had been updated and reviewed with parents.

### 1.3 Play and learning

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Most children were happy and enjoyed playing with their friends. Some children had fun playing chess, drawing, and creating Hama Bead pictures. They commented, "I have fun", "It's better than other care", and "I like doing the Hama Beads".

Most staff enjoyed playing and having fun with the children. They chatted with children as they coloured pictures and helped children choose beads to make a keyring. Children commented that most staff were lovely.

Daily routines were not well managed to support children's responsibility, independence, and engagement. Transition when going outside lacked organisation and leadership and resulted in waiting and queuing. This meant children were standing unoccupied and were not engaged or having fun (see area for improvement 2).

Children did not always take part in stimulating and exciting experiences. Staff decided on the toys and games offered to the children which were not rotated regularly to remain fresh and interesting. Older children did not have the opportunity to be involved in suitable activities to meet their needs. This led to some children who were disengaged and frustrated (see area for improvement 2).

Opportunities to play outdoors had improved since the previous inspection. However, there were limited resources for children playing outdoors. Some children playing outside were bored and commented, "I want to go home" (see area for improvement 2).

### Areas for improvement

1. To promote children's understanding and enjoyment of healthy eating and drinking, the manager and staff should improve snack time experiences. This should include, but not be limited to, providing healthy and nutritious food choices and more opportunities to promote children's independence and responsibility.

The guidance 'Setting the Table', October 2024, may be helpful. It is found on the Care Inspectorate Hub.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

2. To promote children's fun and enjoyment, the manager and staff should ensure children are provided with high quality play experiences and resources, relevant to their interests and stage of development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

### How good is our setting?

### 3 - Adequate

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

Children were cared for within Newmachar Primary School. They had access to the general-purpose room with adjacent toilets and cloakroom. The furnishings and fittings were of good quality and were well maintained.

The environment could look more attractive and welcoming. Wall displays were minimal and were not well used to display children's artwork, club expectations, or evaluations of play experiences. As a result, children were not provided with a sense of belonging or worth. There were limited cosy and comfortable areas for children to relax, chat with friends, and develop friendships. There were not enough floor mats or soft furnishings for comfortable floor play (see area for improvement 1).

Children were offered daily outdoor play opportunities. This meant they were able to access fresh air, supporting their health and wellbeing. Outdoor play areas available to the after school club consisted of the

school playground and a multi-use sports court. Children also occasionally accessed a nearby green space and playpark.

Children played in a safe environment. Staff followed the setting's procedures and risk assessments when collecting children from school. They checked with school staff and parents when children were absent and counted children at key points on the walk to the service. Collection times were well managed and staff welcomed parents into the setting before letting children leave the area. These measures helped ensure safe transitions for children in and out of the service.

Children's health and wellbeing was promoted through infection prevention and control measures. Staff encouraged children to wash their hands throughout the session to help prevent the risk of cross-contamination. Staff wiped tables before and after snack and at the end of the session.

## Areas for improvement

1. To ensure children's physical and emotional needs are met, the manager and staff should ensure the environment is well set out and includes comfortable and inviting spaces for children to relax and play quietly.

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 5.22).

## 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.

The aims of the service included providing a caring environment where all children are welcomed and accepted. These aims were shared with parents in the club handbook. The service's aims had not, however, been updated recently. Reviewing the aims and objectives with staff, families, and the management committee will help ensure that they reflect the current aspirations of all stakeholders.

Ways to seek the views of children and families could be improved in order to support the development of the service. Although children were able to request toys and games, their views were not actively sought and recorded. Parents were able to join the parent committee, however they had not been asked for feedback and were uncertain of ways in which they could influence outcomes (area for improvement 1).

Self evaluation practices were not effective to promote positive outcomes for children. Regular team meetings provided staff with opportunities to pass on information and discuss children's care. However, they were not used effectively to evaluate and reflect on children's experiences. Some staff did not feel listened to and were frustrated that their ideas were not always heard. Staff were unaware of the improvement plan for the setting. This resulted in limited progress and slow pace of change (see area for improvement 1).

Some monitoring of staff practice through annual appraisals and staff performance conversations had helped staff develop skills and progress in their roles. Further development was needed, however, in monitoring performance. For example, observations of staff practice were informal and were not recorded. We suggested formalising these to help recognise staff's strengths and identify any learning and development needs.

Quality assurance processes and procedures were not effective to identify inconsistencies in practice. Audits of medication had not been completed to help identify poor recording and unsafe storage, compromising children's safety. Some areas of provision, such as providing unhealthy snacks, had not been recognised or improved (see area for improvement 1).

### Areas for improvement

1. To support improvement to the service and ensure good outcomes for children, the manager should ensure self evaluation and quality assurance of the service are embedded in practice.

This should include, but not be limited to, ensuring:

- a) The vision, values, and aims for the setting are relevant, shared with children and their families, and are followed by staff.
- b) Ensure effective quality assurance and self evaluation are in place which have involved staff, children, and parents 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).

### How good is our staff team?

### 3 - Adequate

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

Parents and carers valued the service and the support provided by staff. Parents felt staff were friendly and approachable. They were able to hold conversations at pick-up times and found these helpful. This contributed to building positive relationships and working together.

Children were cared for by a staff team with a range of experience, knowledge, and skills. More experienced staff supported newer team members in their roles which contributed to continuity of care for children. However, there were no arrangements in place for an identified lead member of staff to be available when the manager was not present. This raised the potential for inconsistencies in care and practice. We encouraged the development of this role to help staff develop leadership skills and promote consistently positive outcomes for children (see area for improvement 2 under the section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Recruitment practices were followed to help protect and keep children safe. An induction package was in place, however this was not robust to help new staff understand their roles and responsibilities. We signposted the service to the Scottish Government's 'National Induction Resource' to help support all staff in identifying areas for development and improving their knowledge and skills.

Staff absences were covered by regular relief staff who knew the children well.

Children's care was supported by positive communication. Staff communicated well with each other throughout the session, passing on messages and discussing arrangements for children. They were able to recognise gaps and take action to help. For example, they ensured there was always someone sitting and playing with the children. This meant most children were engaged and their needs were met.

Most staff were experienced and held a qualification in childcare. However, some staff had not undertaken any recent professional development. This contributed to some children who were disengaged. Some staff had not undertaken recent child protection training and were not confident in the service child protection procedures (see area for improvement 1).

## Areas for improvement

1. In order to improve outcomes for children, the provider should ensure staff complete training and learning specific to their role and are competent in the application, including but not limited, to child protection and safeguarding.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

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

## Requirements

### Requirement 1

By 30 March 2024, the provider must ensure that children's care, welfare, and development needs are met by developing children's personal plans and ensuring staff use this information effectively.

To do this, the provider must, at a minimum, ensure:

- a) Personal plans set out children's current needs and preferences and how these will be met.
- b) Personal plans are reviewed in partnership with parents or carers at least once every six months, or sooner if required.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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).

**This requirement was made on 5 February 2024.**



**Action taken on previous requirement**

Children's personal plans had not been recently reviewed and information was out-of-date for most children. There was not sufficient information in children's individual plans to promote staff's knowledge and understanding of children's support needs, likes, dislikes, and interests.

This requirement has not been met and we have agreed an extension until 2 December 2024.

**Not met****Requirement 2**

By 30 May 2024, the provider must support improved outcomes and experiences for children.

To do this, the provider must, at a minimum:

- a) Develop robust quality assurance practices, including safe recruitment.
- b) Actively seek feedback from children and parents and use the information gathered to help inform improvements to the service.
- c) Develop an improvement plan.

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) Regulation 2011 (SSI 2011/2010).

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).

**This requirement was made on 5 February 2024.**

**Action taken on previous requirement**

Some progress had been made to support improved outcomes and experiences for children. Recruitment practices were followed to help protect and keep children safe and an improvement plan had been developed. Children were able to request toys and games and choose where they wanted to play. However, self evaluation and quality assurance processes should be improved to support and sustain further development.

**Met - within timescales****Requirement 3**

By 15 March 2024, the provider must ensure that the welfare and safety of all children is promoted.

To do this, the provider must, at a minimum:

- a) Develop the use of chronologies to record significant events for children.
- b) Submit missing notifications to the Care Inspectorate.

c) Submit all future required notifications to the Care Inspectorate.

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) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This requirement was made on 5 February 2024.**

### Action taken on previous requirement

To promote the welfare and safety of children, chronologies had been introduced to record significant events which may impact on their lives and notifications had been made to the Care Inspectorate.

**Met - within timescales**

## Requirement 4

By 11 October 2024, the provider must ensure children's health and safety in relation to the safe and effective administration of medication.

To do this, the provider must, at a minimum:

- a) Ensure information to support children with medical needs or allergies are clearly recorded and up-to-date.
- b) Ensure staff are knowledgeable and competent in relation to the safe recording and administration of medication and apply this in practice.
- c) Ensure parents are fully informed when medication has been given.
- d) Ensure medication is appropriately recorded and stored safely.

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 meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 10 October 2024.**

### Action taken on previous requirement

Medication was stored safely, staff had undertaken online training, and children's information had been updated and reviewed with parents.

**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

To support children's wellbeing, learning, and development the provider should ensure that children have regular opportunities for outdoor play.

This should include, but is not limited to:

- a) Increasing staff confidence, knowledge, and skills in providing safe, high quality outdoor play opportunities for children.
- b) Providing regular access for children to outdoor areas and suitable play equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

**This area for improvement was made on 5 February 2024.**

#### Action taken since then

Children had daily access to outdoor play. However, there were limited resources and play equipment available for children playing outdoors. Staff did not demonstrate the knowledge and skills in providing safe, high quality outdoor play opportunities for children.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To support positive outcomes for children, the provider should ensure that there are lines of management and leadership in place at all times. This should include, but not be limited to, designated roles and responsibilities for leadership within the staff team when the manager is not present in the setting.

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).

**This area for improvement was made on 5 February 2024.**

#### Action taken since then

There were no arrangements in place for an identified lead member of staff to be available when the manager was not present. This raised the potential for inconsistencies in care and practice.

**This area for improvement has not been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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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