

School's out Clovenfords Day Care of Children

Clovenfords Primary School
Clovenfords
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Type of inspection:
Unannounced

Completed on:
23 September 2024

Service provided by:
Perceptive Action C.I.C.

Service provider number:
SP2014012332

Service no:
CS2023000046

About the service

School's Out Clovenfords is an after school and holiday club which operates from Clovenfords Primary School in the village of Clovenfords, Scottish Borders. Children have access to the main play space, which consists of two halls, a small outdoor area and toilet facilities. The service also have access to additional spaces within the school such as, the wider playground, football pitches and the school library. The service is in the heart of the village, close to local green spaces and parks.

The service is registered to provide a care service to a maximum of 32 children attending primary school at any one time.

About the inspection

This was an unannounced inspection which took place on 17 September 2024 between 14:45 and 17:30. We returned to the service on 19 September 2024 between 15:00 and 17:00. On day one of the inspection, one inspector was present, a second inspector joined on day two of the inspection.

To prepare for this inspection we reviewed information about the service. This included, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. This was the first inspection for the service.

To inform our evaluations we:

- spoke with and observed children using the service
- received written feedback from 16 families
- spoke with staff, the manager and the leadership team
- received written feedback from three staff members
- observed practice and children's routines and experiences
- reviewed documents.

Key messages

- Positive written feedback from staff and families highlighted the strong relationships that had been built and how valued the service was within the local community.
- Children's holistic wellbeing needs were not always met as staff had limited understanding developing sensitive, meaningful support strategies that reflected the needs of individual children.
- The overall environment was clean, welcoming, spacious and filled with natural light.
- Children could influence when they played outdoors and were freely moving between indoors and a small outdoor area.
- Gaps in the manager and staff's professional knowledge and skills had resulted in failure to support some children's emotional wellbeing.

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

Quality Indicator 1.1: Nurturing care and support

The quality of interaction and communication from staff to children was variable. Staff welcomed children as they arrived at the service, checking in on how their day had been and receiving hand overs from school staff where needed. This was echoed within the written feedback from families, who told us, "The staff are so friendly and welcoming" and "Staff are always welcoming, friendly and professional. I trust them to care for my child". However, the quality of interaction and communication from staff to children was variable. Some children spent long periods of time with very little quality interactions from staff. Some interactions with individual children focused solely on giving instructions, such as, asking them not to climb, or instructing them to wear a helmet. Whilst these interactions were not unkind, they were neutral and missed the opportunity to enhance the children's care, play and learning experience. We found approaches in place to support children's inclusion were not always utilised. The manager and staff should continue to develop consistent quality engagement and interactions with all children across the day. This would contribute to children's overall health, wellbeing and happiness.

Children's emotional safety, security and wellbeing was compromised by an ineffective personal planning approach. Children's holistic wellbeing needs were not always met as staff had limited understanding of developing sensitive, meaningful support strategies that focussed on the needs and strengths of individual children. Some children were not fully supported to have their voice heard and fully participate in the space. This was clear through written communication, policies and procedures, where staff had not always understood children's emotional responses, documenting these in a negative manner. This showed a lack of understanding and did not reflect the dignity and respect of some children. This could have adverse effects on children, as it may lead to feelings of being misunderstood, isolated and low self-esteem, hindering their emotional wellbeing. As a result, not all children received nurturing approaches that reflected their individual needs and rights. The service had failed to proactively reach out to include specialist input where required. When asked 'what would make the service better', one parent told us, "More active things for ADHD and autism like sensory and quiet play".

The way in which key information to support children was recorded, stored and shared needed to improve. For example, staff working directly with children did not have access to key information and events that had taken place relating to individual children and families. This must be stored securely, shared appropriately, and in good time. The provider had recently appointed a new administrative manager to support this area for improvement. As this was a newly appointed post, we cannot comment on the impact of this. The service must implement an effective personal planning approach that promotes the holistic wellbeing needs of each individual child. This would support consistency and continuity of care routines, whilst supporting children to reach their full potential (**see requirement 1**). To support this area for improvement, we directed the service to 'Getting it Right for Every Child' (GIRFEC), updated guidance (Scottish Government, 2022).

Snack time was not a quality experience for all children. Distraction from digital devices during snack hindered engagement and interaction for some and the high noise levels impacted other children's experience. It was a positive that children had access to fresh fruit and water throughout the session. However, food choices at snack time were not always balanced or nutritious, and in line with good practice guidance. For example, we observed one child eating three yogurts containing high levels of sugar. One parent told us they would like to see, "A better selection of snacks week to week". The service should use good practice guidance to review and improve their snack menu and routine. This would contribute to children's overall health and wellbeing, whilst promoting a calm, nurturing and sociable experience (**see area for improvement 1**). To support improvement the service should refer to 'Setting the Table: Nutritional Standards and Practical Guidance for Early Learning and Childcare Providers in Scotland' (Scottish Government, 2024).

Quality Indicator 1.3: Play and learning

On both days of inspection, most children were busy following their own ideas, whilst using their creativity and imagination. Most children spent time playing independently or in small groups with friends. Through our written feedback, children and families shared their experiences, where one parent told us, "The most important thing is that my child loves going and there is a good range of activities" and a parent shared on their child's behalf, "I do lots of different things there, I enjoy going to after school club to meet friends. The staff are nice". However, staff needed to further develop their understanding of child development, relevant theory and practice and skilfully use this to further improve the quality of play experiences and resources for all children. Staff had failed to use information effectively to respond and plan to meet some children's individual needs and interests, including additional supports where required. For example, failing to introduce safe, sensory resources to support children that required these to promote their overall wellbeing and development. The service should ensure that resources and play experiences support all children to make informed choices about leading their play and learning within a stimulating, challenging, creative setting that reflects their individual needs and interests (**see area for improvement 2**).

Some children's communication and language needs and their preferred ways of communicating, was not being effectively supported by the manager and staff team. For example, failing to implement strategies shared from home, such as, visual prompt cards to support a child to effectively communicate within the space. Not enough thought had gone into meeting the unique needs of individual children and reducing potential barriers to their play and learning. This led to some children feeling distressed and frustrated, as their attempts to express their feelings had been misinterpreted and labelled by the manager and staff as 'challenging and disruptive behaviour'. The staff were unable to recognise and validate children's individual feelings and provide appropriate support. The manager and staff team should ensure that all children are able to fully participate and be responsive to children's chosen form of communication. This would support children to feel heard, understood and contribute to their overall wellbeing and communication development (**see area for improvement 3**).

The service used a variety of methods to share updates with families in relation to the play experiences within the club. For example, the use of social media, newsletters, calendar of events and through verbal daily discussions. Staff shared with us, "I have a great bond between myself and parents/carers. We always communicate between each other" and "I communicate with families openly with transparency to build positive relationships". This contributed to the positive relationships that had been built with families.

Requirements

1. By 31 January 2025, the provider must ensure that children's health, welfare and emotional safety needs are met through an effective, strength based, personal planning approach. This should be underpinned by the UNCRC (Incorporation)(Scotland) Act 2024 and the Health and Social Care Standards (2017). To do this, the provider must, at a minimum ensure:

a) the language used within children's personal plans is strength based and reflects the rights, dignity and respect of the individual child.

b) the service works proactively with other professional, outside agencies and families to identify appropriate strategies of support.

c) sensitive information is stored securely, shared appropriately with relevant staff members, and in good time.

d) the care needs set out in children's personal plans are followed accurately and consistently by all staff.

This is to comply with Regulation 4(1)(a) (Welfare of Users), Regulation 4(2)(b) (Privacy and dignity of service users) and Regulation 5(1)(2) 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 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).

The provider, manager, and staff may find the following documents useful to support them in meeting this requirement:

Getting it Right for Every Child (GIRFEC), updated guidance (Scottish Government, 2022)

Guide for providers on personal planning (Care Inspectorate, 2021).

Areas for improvement

1. To ensure that children's wellbeing is supported through nurturing, sociable snack time experiences, the provider should ensure that food choices for children are varied, healthy and offer a nutritional balance. The provider should improve the overall snack time so that children can eat in a relaxed atmosphere, ensuring a caring and positive experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

2. To support children's individual needs, overall wellbeing and enable them to extend and build on their own play and current interests, the staff team should further develop their understanding of child development, relevant theory and practice. Staff should then skilfully use this learning to further improve the quality of play experiences and resources for all children. This should include but not be limited to the introduction of more sensory resources to support individual children's overall wellbeing and 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 can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

3. To ensure all children can fully participate, the provider and staff should deepen their understanding of nurturing approaches that consider children's diverse communication styles. Strategies to support children's inclusion and participation should be developed collaboratively with children, families and key partner professionals, where required. These should be underpinned by the the United Nations Convention on the Rights of the Child (UNCRC), the Health and Social Care Standards, and relevant good practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8).

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 overall environment was clean, welcoming and spacious and filled with natural light. Children could choose where they spent their time, moving between two large hall spaces and a small outdoor area. Children were able to select from a variety of resources indoors. Many resources were on easy access storage trollies which supported staff with the setting up of the play spaces. Some children were using the larger hall to explore more active play, such as basketball, football and playing on scooters. Whilst other children chose to play with friends at the drawing table, spend time on their electronic devices or building with Lego in the smaller hall. However, as previously addressed in 'Key Question 1: How good is our care, play and learning', resources should be further developed. This would ensure that all children can see their needs and current interests reflected within their environment.

Staff recognised the benefits of all children accessing daily outdoor play. Children could influence when they played outdoors and were freely moving between indoors and a small outdoor area. However, children's play and learning opportunities in the small outdoor area were restricted due to the poor environment. Spaces in the small outdoor area did not sufficiently meet children's stages of development or offer challenge and exploration. For example, the sand area was cluttered and uninviting. It was positive to observe children visit the larger playground space on day two of inspection, where they had fun tree climbing, den building and football. The manager should support staff to develop the small outdoor area to create well organised, well maintained and inviting outdoor play spaces. These should stimulate children's natural curiosity and be well-resourced to support children to follow their own ideas and be creative in their play. This would motivate children in their play as they learn and progress in all aspects of their development (**see area for improvement 1**).

Infection prevention and control practices did not always follow best practice guidelines. For example, no children or staff washed their hands before having snack on day one of inspection. The manager and staff should ensure that good hand washing is practiced by all. This would encourage independent self-care, good hygiene and help to prevent the spread of infection.

Areas for improvement

1. To support children's play and learning within a welcoming environment that delivers the message that children matter, the provider should ensure that children's play spaces are well resourced and inviting. Play spaces and resources should reflect children's current interests, be well-organised, well-maintained and attractively set up for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

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 manager and staff were committed to the service and were clearly a valued resource within the local community. Quality improvement discussions with some staff throughout the inspection process were well received which highlighted a willingness for ongoing improvement. Through our written feedback, all staff agreed with the statement, 'My wellbeing needs are recognised and supported by leaders'. One staff member told us, "Leaders are always making sure staff are happy and safe within the job" and another stated, "The provider offers support in every aspect of my life and has always gone above and beyond to support me". This contributed to the strong relationships across the staff team.

Quality assurance and self-evaluation systems were not robust or effective at present and had little impact on the quality of the service for children and families. We found gaps in key areas of practice across the service which could result in poor outcomes for children and families. For example, the ineffective personal planning approach, lack of understanding in supporting children's individual needs, failing to involve key professionals when required, and the poor quality of the small outdoor space. The manager must develop a quality assurance system that identifies and influences positive change to outcomes for children and families (**see requirement 1**).

The service had failed to follow the correct reporting procedures required by a registered service. For example, the Care Inspectorate had not been notified of recent incidents within the setting relating to the health, safety and wellbeing of children. The service must review their reporting procedures and ensure they are making the correct notifications. To support this development, we directed the service to the Care Inspectorate's, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (2020).

Decisions led by leadership and management had failed to ensure that individual children's rights were respected and promoted through value based practice. Evidence gathered showed that further action could and should have been taken to effectively promote all aspects of children's development, learning and wellbeing. The manager must further develop their policies, procedures and overall practice to ensure that they are underpinned by the United Nations Conventions on the Rights of the Child (UNCRC), the Health and Social Care Standards, and relevant codes of practice. This must be used to foster a culture where all children are supported to thrive and flourish. **We have addressed this in requirement 2 within 'Key Question 1: How good is our care, play and learning'.**

Requirements

1. By 31 January 2025, the provider must ensure that they have developed and began to implement an effective system of quality assurance to monitor and improve all areas of practice and improve outcomes for children. This must include but not be limited to the improvements detailed throughout this report.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 3 Principles.

This is to ensure that care and support is consistent with the 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).

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

Families held the service in high regard and were complimentary of the staff team, as they told us, "Staff are very friendly and know each child well. They all seem to genuinely enjoy the company of our children" and "The staff are incredible, they are friendly and welcoming and they get to know the whole family". This contributed to the positive relationships that had been built.

Gaps in the manager and staff's professional knowledge and skills had not always supported some children's emotional wellbeing. This had impacted negatively on the quality of individual children's experiences. For example, some children's individual needs had not been effectively supported through the use of sensitive and appropriate support strategies. These had failed to promote a rights based approach and could have a negative impact on individual children's emotional wellbeing and overall development. The manager and staff team must address gaps in their knowledge and skills and ensure that the principles of the UNCRC and the Health and Social Care Standards underpin the practice of all. **This has been addressed in requirement 2 in 'Key Question 1: How good is our care, play and learning?'**

The approach to staffing within the service was not always outcome focused. For example, staffing levels did not always consider and take into account the importance of the complexity of individual children's needs in addition to the wider group and circumstances. The behaviour plans for some children relied solely on the strategy of 'eyes on' which added to the already strained staff deployment. This approach not only failed to address some children's needs effectively but also had the potential to overwhelm the staff, limiting their ability to provide meaningful support. At points across the day there were gaps in specific skills needed to promote high quality outcomes for all children. At these times, opportunities for some children were more limited. For example, some children went for long periods of time without positive staff interactions and we also heard from children that they were not always able to visit the larger outdoor play areas due to staffing levels. Moving forward, the provider should ensure that staffing levels, knowledge and skills are supportive in ensuring high quality outcomes for children (**see area for improvement 1**).

The staff team were currently in a transition phase, with significant staff changes about to take place within the small team. These changes had been communicated with all children and families which had prepared them in advance of key staff leaving. Moving forward, to support new staff in their role and to drive improvements, it is vital that there is a strong management or leadership presence within the service. It is important that the manager presents as an effective role model to carefully guide the direction and pace of change to ensure sustainable positive outcomes for children and families.

Areas for improvement

1. To support children's wellbeing and quality play experiences, the provider should ensure that staffing levels take into account the importance of the complexity of individual children's needs in addition to the wider group and circumstances. This should also consider staff skills, knowledge and experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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?	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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