

Action for Children Therapeutic Activity Clubs - Edinburgh and Lothians Day Care of Children

SPACE
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Type of inspection:
Unannounced

Completed on:
3 October 2024

Service provided by:
Action for Children

Service provider number:
SP2003002604

Service no:
CS2015334883

About the service

Action for Children Therapeutic Clubs Lothian is registered to provide an after school and holiday care service to a maximum of 12 children at any one time of school age up to 18 years old with significant individual needs.

The service is delivered from Inveralmond High School in the Willowbank area of Livingston. Children have the use of three open plan classroom areas, toilets and outdoor play areas attached to the school. The service offers care provision between Wednesday and Friday during the week and at weekends.

The service is located near to parks and amenities and has good transport links and on site parking.

About the inspection

This was an unannounced inspection which took place on Wednesday 18 September 2024 between 15:30 and 18:00. We returned to complete the inspection on Friday 20 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 and spoke to children using the service
- received feedback from an online form from ten families
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to the care and support of children and the management of the service.

Key messages

Children were nurtured through enabling care and support, which consistently promoted their rights, autonomy and wellbeing.

Children were progressing and achieving as a result of the individualised support that developed a broad range of lifelong learning skills, confidence, self-esteem and independence.

While children were kept safe, the setting should be enhanced to improve children's experiences and opportunities.

A strong collaborative approach meant that parents, children, staff and other professionals, worked together to ensure children's needs were recognised and met.

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?	5 - Very Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning?

5 - Very Good

We evaluated this key question as very good where significant strengths in aspects of the care provided supported positive outcomes for children.

Quality indicator 1.1: Nurturing care and support

Children experienced warm, caring approaches and interactions which consistently nurtured their overall wellbeing. One parent described the service as, "So friendly and calming and lots of help and advice. Very supportive". Children's care routines were individual to their needs and undertaken with kindness and compassion. For example, a timetable of experiences helped children to know what to expect and feel safe in the environment. A parent said, "They know my child really well which gives me confidence".

Staff enabled children's independence through daily routines and all personal care respected children's privacy and dignity. Children were involved in meeting their own needs through the use of signifiers to express their needs and to prepare them for changes. This meant children felt secure and confident due to the building of positive relationships.

Meal and snack times were responsive to individual children's needs and preferences. For example, some children had specific routines to follow and varying levels of support was needed. The experience overall was sociable and relaxing which allowed children to eat at their own pace. Children's safety was considered at all times as staff supervised mealtimes and provided support when needed. To further enhance the mealtime experience, children could have more opportunities to be involved in preparing food. This would build essential self-care skills for the future.

Children's health, welfare and safety needs were identified and planned for through effective personal planning. This information enabled staff to respond quickly, sensitively and compassionately to changes in children's lives. Children's care and support reflected families' preferences and there was clear collaboration with external services. This ensured children got the support they needed at the right time. Families strongly agreed they felt involved in their child's plan. One said, "I am regularly updated on their progress and all major achievements my child makes when attending this service". Children's progress was monitored to ensure their needs were being met. As a result, children felt secure and confident. Moving forward, personal planning should continue to be reflected upon and developed to consistently guide and inform staff.

There were no children requiring medication at the time of inspection so no medication was stored in the setting. Moving forward, management should ensure all health needs are fully planned for so staff feel informed and prepared to support children. For example, forms should detail signs and symptoms of the health need, including a stepped approach of actions to manage them.

Quality indicator 1.3: Play and learning

Children were meaningfully involved in leading their play and learning in a variety of stage appropriate ways. Staff regularly asked children what they would like prepared for their next session. This meant that children had ownership and saw that their wishes and preferences were valued. Varying communication styles were considered and used to empower all children to participate in giving their views. For example, children's communication cues were recognised and used for planning. This was inclusive and meant that all needs were met.

Children were calm, ready and willing to engage. They enjoyed a range of experiences and opportunities which sparked their interests and developed their skills. For example, crafting, music, sensory activities and games. Relaxed and familiar relationships with staff supported their development. For example, general conversation developed literacy skills as well as bringing lots of fun and joy. As a result, children were engaged in play and happy in the setting. A parent was appreciative of the individualised support for children and said, "My child is encouraged and supported to be involved as much as he can tolerate and working on his confidence skills and being with others".

Children's interests and needs were considered when planning experiences and opportunities. This ensured children could follow their own interests but also ensured the activity was right for them. Parents were kept up to date with children's experiences and progress and were involved in setting next steps goals. A parent said, "Their weekend is full of fun and she is involved in productive activities, rather than sitting at home watching TV". Children were progressing and achieving as a result of the individualised support that developed a broad range of lifelong learning skills, confidence, self-esteem and independence. A parent said, "We have a moment for ourselves as parents. And children learn to be independent and to live in society".

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Some limitations with the setting meant that the environment was not as comfortable and homely as it could be. For example, there was limited natural light in the rooms and children did not have direct access to the outdoors. Management had already identified aspects of the setting which were not benefiting children and solutions were being explored.

Children's safety was considered at all times. Individual risk assessments detailed how staff could keep children safe and these were used consistently. However, due to the differing safety needs, children's movements were often restricted. For example, locked doors kept some children safe but meant that others could not have freedom of movement. The management of this should be considered to ensure children, where possible, can freely access parts of the setting when they wish to.

Children were protected from infection spread by the use of some prevention and control measures. For example, regular handwashing and spot check cleaning. However, action should be taken to remove items stored in toilets which should not be there and breaking plaster on the walls should be fixed. This would further reduce the risk of infection spread. Although there were arrangements in place for maintenance management, issues should be followed up and completed quickly to reduce the risk of infection spread.

The settings indoor environment was a developmentally appropriate space. For example, resources were available for children to move around and use as they wished. The indoor environment reflected children's needs, interests and curiosities. This meant that children's stages of development and learning had been considered and used to plan the setting accordingly. The indoor spaces should be further developed to ensure children are able to reach their full potential.

Children could not access the outdoors independently. While staff did respond to children's requests, this restricted their choice and movement. Outings around the local community were on offer to children. These provided new experiences for some children and the practising of skills for others. One parent told us, "Weather depending but when weather is dry, the kids will be taken to the park or on the bus and take to local country parks etc which my child is a huge lover off as he's an outdoor boy". Management should ensure all children have opportunities to be in the fresh air throughout the day.

How good is our leadership?**5 - Very Good**

We evaluated this key question as very good where significant strengths in aspects of the care provided supported positive outcomes for children.

Quality indicator 3.1: Quality assurance and improvement are led well

Staff and parents had a shared understanding of the values and aims of the service. This meant that everyone had a clear purpose for children attending. The manager led with a strong focus on shared values, collaborative work with others and reflection on practice. As a result, children received a service where they felt accepted, safe and valued.

The manager had created conditions where everyone felt confident to initiate well informed change and shared responsibility for the process. Staff were able to share ideas and take forward improvements, based on their knowledge of children in their care. Views of families were sought and used to inform change. Parents told us, "They're always asking if there is different things that they don't have that my child might like". The service should continue to engage parents in creative ways to ensure all parents have to chance to be involved.

Quality assurance, including self-evaluation and improvement plans, were in place and leading to continuous improvements. A range of quality assurance processes contributed to the monitoring of the service, such as the impact of staff training. Accidents and incidents were carefully reflected on and documented with clear learning undertaken as a result, to minimise future risks. Senior management carried out quality assurance visits to ensure children received a quality service.

A strength of the service was the ethos of continual reflection around practice and on ensuring it consistently benefited children. This was promoting enhanced wellbeing and development in children, helping them to reach toward their potential. As a result of effective quality assurance and self-evaluation, the service improvement plan highlighted areas of development and how these would be taken forward. This demonstrated capacity for continuous improvement to children's experiences and outcomes.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment

Deployment and levels of staff were effective in ensuring quality outcomes for children. Children's needs required a high ratio of staff to ensure they were safe and effectively supported. Management recognised the importance of this and worked to ensure each session was staffed accordingly. A parent said "I have always seen that the ratio of staff is always more than the children". To enhance levels of staffing further, management should consider contingency arrangements for last minute absences. This would better support staff and ensure children had consistent care from staff they knew.

Children benefited from a staff team with differing levels of experience, skills, qualifications and knowledge. These were effectively used to ensure children's experience across the whole session was positive. Clear inductions, staff supervisions, shadowing opportunities and appraisals provided a structure to support staff to develop in their practice. As a result, children received effective supervision and quality engagement across the day.

Staff communicated very well with each other. This meant that they were aware of each others tasks and when gaps in the provision needed filled. The wellbeing of staff was a priority and regular support was given. As a result, staff felt nurtured and supported to carry out their role effectively. A parent said, "The staff are all very friendly and approachable".

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

It is recommended that care plans are completed and returned in advance of providing a service to the child or young person.

National Care Standards for Early Education and Childcare up to the age 16. Standard 14 - Well managed service.

This area for improvement was made on 12 April 2017.

Action taken since then

All children had a care plan. Steps had been taken to ensure a personal plan was in place for each child before they started attending.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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