

Battlefield ASC Day Care of Children

Battlefield Primary School
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Glasgow
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Type of inspection:
Unannounced

Completed on:
5 November 2024

Service provided by:
Battlefield ASC Management
Committee

Service provider number:
SP2003001381

Service no:
CS2003006196

About the service

Battlefield ASC is registered as a daycare of children service. It is registered to provide a care service to a maximum of 60 primary and secondary school age children at any one time. The service provides care during term time and school holidays. The provider is Battlefield ASC Management Committee. At the time of our inspection 50 children were attending.

Battlefield ASC is based in Battlefield Primary school in the south of Glasgow. It is situated close to local parks and amenities. The service has use of the dining room, gym hall, and had direct access to an enclosed school playground.

About the inspection

This was an unannounced inspection which took place on Monday 4 and Tuesday 5 November 2024. 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 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 staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from 20 parents/carers

Key messages

- Children were happy, confident and settled in the service.
- Children were able to lead their own play and learning.
- Children benefitted from a spacious setting with direct access to outdoors.
- Staff knew children and families well, and provided the support and care they required in a kind and nurturing way.
- The manager should develop more robust systems for monitoring and auditing as part of their quality assurance processes.
- The provider should review storage procedures to ensure that equipment is stored safely.

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?	4 - Good
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, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Staff were kind, warm and nurturing in their approach with children, and knew the children well. Children were having fun and we could see clear friendships had formed between children. Children enjoyed engaging with staff during play experiences. Staff were attentive to children's needs and offered comfort when children were upset. This supported children to feel respected and valued. One parent commented, 'The staff are very friendly and caring, they make loads of effort to engage the kids. My daughter's very happy there'. Positive relationships with the children meant staff could offer care which met their needs.

Snack was a relaxed, sociable and unhurried experience for children. A rolling snack meant that children were able to eat when they chose without disruption to their play experiences. Children had the opportunity to develop their independence and life skills through self - serving and helping to clear and wash the dishes. Staff were aware of children's individual dietary needs which helped to support children's health and wellbeing.

We reviewed the storage and administration of medication. We found that medication was stored safely and securely. Systems for monitoring and auditing medication should be more robust to support staff to meet children's health needs (see quality indicator 3.1, area for improvement 1). Staff were trained in emergency procedures where necessary which supported children's health and wellbeing.

Personal plans were in place for children. These were completed in partnership with parents and contained the information staff needed to meet children's needs. Children had the opportunity to complete their own all about me forms noting their likes and dislikes. This supported them to have their voice heard. There were some inconsistencies in the completion of plans. We discussed with management that plans could contain more details to support children's progression and development.

Quality indicator 1.3: Play and learning

We observed that children were having fun with staff and were fully engaged in their play. Children had the opportunity to participate in a variety of activities including physical play, painting and reading stories. Children had access to a wide range of resources that supported their play and were developmentally appropriate.

Children were able to lead their own play and learning. For example, some children were playing families with dolls and others were creating their own firework pictures. Children were exploring mixing different colours of paint and talking about the changes of colour, providing opportunities to develop their numeracy and language skills. One parent told us, 'Our daughter feels welcome and enjoys the range of activities.' Children also told us they could choose which activities they wanted to participate in each day, and we saw children making those decisions. This gave them the opportunity to develop independence and supported their right to play.

Staff supported individual children to follow their interests and were responsive to their request for support in their play. Staff had developed positive relationships with the children, and this was evident in their interactions and through conversations observed which enhanced their language skills. Staff were skilful in their interactions, knowing when to engage in play and when to step back to enable the children to take their play and learning forward. Staff respected when children wanted to play without adult intervention.

There were opportunities for children to participate in active play and develop their physical skills and movement outdoors. Children were playing football and games of for example musical statues. This supported children to be healthy and active when at the setting.

Staff planned for children based on their interests. Children's voices were noted giving them the opportunity to evaluate their experiences. Older children had areas of responsibility such as photographer and mentor for younger children. This supported children to develop their life skills. We discussed with management that children could have more ownership and responsibility of their planning and experiences to further develop their life skills and confidence.

How good is our setting?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in a setting which was spacious, bright and clean. As well as the main hall, children also benefitted from access to a gym hall and direct access to a large outdoor area. The main room had tables and benches for children to sit at, physical equipment, and a small comfortable area with cushions and mats for children to rest and relax. The environment helped to give children the sense that they were important to the service.

Resources available were age and stage appropriate for children, and they could easily access them. Additional resources were stored in clearly labelled containers. These were accessible to children to select from to add to their play to suit their interests. This developed their independence and ability to lead their own play. Resources were well maintained, and a system was in place for any maintenance needs.

The outdoor area offered an opportunity for risky and challenging play with trees for climbing and a new 'Viking village'. The service had purchased the 'Viking village' to support children's play in consultation with the children. Children moved freely between indoor and outdoor environments to suit their interests. Staff were mindful of children's play outdoors as it got darker and encouraged children to play in brighter areas of the playground to support their safety. Almost all staff were wearing hi-visibility jackets to support them being quickly and easily identified. The manager shared with us the children also had access to torches and head lights. One parent commented, 'There is plenty of play equipment and things to do. In the winter she loves it when they are given torches to go outside with, it's great that they can still go outside in the dark winter evenings.'

We observed that overall infection prevention procedures were followed. Children and staff were washing their hands when entering the service and before snack. Soft furnishings and play equipment were stored within the children's toilet area. This had the potential to cause risk to children's health. The manager had made attempts to address this and informed us they were sourcing a new storage unit outdoors. The

service should ensure that appropriate storage is used to support children's health and wellbeing. There was a previous area for the storage of equipment, and this will remain in place, (see area for improvement 1).

Risk assessments were in place and staff carried these out weekly. To support children's health, wellbeing and safety these should be carried out more frequently. Management should monitor and review the risk assessments to ensure all areas of potential risk are assessed.

Areas for improvement

1. To support children's health and wellbeing, improvements should be made to the infection, prevention and control procedures. The provider should ensure play equipment and resources are stored separately from children's toilets.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17).

How good is our leadership?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The manager was friendly, approachable, and engaged well with the inspection process. Staff told us they found the management team to be approachable and supportive if they had any issues. One staff member commented, 'The manager's door is always open and I am able to approach her at any time. This also relates to our team leader. They will always aim to support/resolve any concerns or issues that I may have. Any suggestions or ideas I put forward are generally welcome.' This helped staff to feel supported in their role to offer better outcomes for children.

An improvement plan was in place for the service. This identified areas for development and how the service would resolve these. We saw evidence of progress in some areas such as the development of the snack area and building the 'Viking village' for outdoors. We discussed with management that monitoring and auditing procedures should be in place as part of the quality assurance process. This would support management and staff to understand their responsibilities and would help identify if any areas needed improvement to support meeting children's needs. We have made an area for improvement to address this (see area for improvement 1.)

Regular team meetings gave staff the opportunity to discuss service developments and evaluate practice. Staff areas for responsibility and plans for the service were also discussed. Yearly appraisals allowed staff to discuss training needs and helped them to identify any successes. They also gave staff and the manager the opportunity to reflect on practice and what improvements could be made within the service. This helped staff to feel that their wellbeing and opinions were important.

Management understood the importance of seeking the views of staff, children and parents. Children's voices were heard in daily decision making such as activities and snack choices. Their opinions were also

heard regarding what the service could do better to meet their needs. A competition had been held for children to create the logo for the service which was then produced for staff uniforms. This supported children to feel involved with the service and have their voices heard. Parent's opinions on the service had been sought to understand any areas they felt could be developed. We discussed with management that they should develop a process for feeding back to families and children on their opinions, so they understand the impact of their thoughts and ideas.

Areas for improvement

1. To support quality assurance within the service the manager and staff should develop robust monitoring and auditing systems. This should include, and not be limited to medication, personal plans, environments and accidents and incidents.

This is to ensure the service complies 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?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

On arrival to the service there were no staff present in the lunch hall with the children. The manager was just outside the area and within hearing distance and came through quickly when alerted that we were here. She proceeded to use radio communication to ask for support from another staff member. We discussed with the manager the importance of ensuring staff are always deployed to support children's safety and wellbeing.

During the inspection, we observed that enough staff were available to respond to and meet children's needs. The staff to child ratio allowed staff to be responsive to individual needs, which enhanced children's experiences. Staff were deployed both indoors and outdoors and supervising children in their play. Staff used radios to communicate when in different areas of the service. This supported children's safety and well-being. The service kept a record of children attending clubs in the school, before coming to the service. This supported staff to be accountable for children.

Staff development was encouraged, and staff told us they were supported in this by management. Staff had attended training to support them in meeting children's needs and caring for them safely. This included child protection, first aid and infection prevention and control. One staff told us, 'Having the appropriate training for my role updates my knowledge and learning, improves my practical skills and most of all promotes confidence and professionalism. All of which ensures that I can provide the children in my care with a better quality of learning and play experiences.'

Staff and management understood the importance of having positive relationships with families and children. We saw families being welcomed into the service, spending time with their children and talking to staff. One staff commented, 'It's important for the children's well-being that staff have a good relationship

with their parents/carers. I ensure that I have a wee chat daily at pick up time as well as liaising with and keeping them informed about their child's day at ASC.' Parents also told us they had a positive relationship with staff. One parent commented, 'Staff are chatty and approachable and I feel we could discuss our daughter's care with them at any time if we needed to.' Knowing the families and children well supported staff to offer care which met their individual needs and interests.

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

Requirements

Requirement 1

By 31 March 2024 the provider must ensure that every child is cared for in a way that reflects their individual needs and rights. To do this, the provider must, at a minimum ensure:

- a) Emergency medication is stored safely
- b) Signs and symptoms of when a child requires medication are clearly recorded
- c) A robust system is in place to ensure that medication is being effectively monitored, audited and stored safely.

This is to comply with Regulation 4(1)(a)(b) (welfare of users) and Regulation 5(1), (2) and (4) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 February 2024.

Action taken on previous requirement

When assessing this requirement we found that emergency medication was stored safely. Some forms had clear signs and symptoms identified. Others needed more detail. A more robust monitoring system should be in place to support the safe administration of medication. Some parts of the requirement have been met and a new area for improvement has been made to address the outstanding issues.

Met - within timescales

Requirement 2

By 31 March 2024, the provider must ensure that children are cared for in an environment that has adequate space for children to play and explore. To do this, the provider must, at a minimum, ensure all areas of registered space are used throughout the day.

This is to comply with Regulation 4(1) (a) (Welfare of service 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 states that:

"I have enough physical space to meet my needs and wishes." (HSCS5.22) and I experience a service that is the right size for me." (HSCS 5.5)

This requirement was made on 1 February 2024.

Action taken on previous requirement

When assessing this requirement we found that the service had amended their registration to reduce the areas for use and now made use of all registered spaces, dependent on the children's choice of where they wanted to go. The service had reduced the number of children using the service to reflect the reduction in space.

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 ensure children are safeguarded, the manager and staff should be competent in using chronologies and child protection records to assess the level of risk to children and that any concerns identified are reported to the relevant authorities timeously. Effective systems should be in place to review and audit chronologies and child protection records to ensure and appropriate actions have been taken.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state:

3.20 I am protected from harm, neglect abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

This area for improvement was made on 1 February 2024.

Action taken since then

When assessing this area for improvement we found that staff had participated in child protection training. Chronologies had been created and procedures were in place for staff to follow. A member of staff was responsible for ensuring all staff were aware of policy and procedures. This supported children's safety.

This area for improvement has been met.

Previous area for improvement 2

To support children's care, play and learning, management and staff should ensure that at all times there are appropriate toys and play equipment to engage children's curiosity and develop their play and learning.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which state: 2.27 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.

This area for improvement was made on 1 February 2024.

Action taken since then

When assessing this area for improvement we found that there was a variety of resources available for children. Further resources were stored for children to access and we saw this happening during the inspection. This supported children to lead their own play and learning.

This area for improvement has been met.

Previous area for improvement 3

To support children's health and wellbeing, improvements should be made to the infection, prevention and control procedures. The provider should ensure play equipment and resources are stored separately from children's toilets.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 1 February 2024.

Action taken since then

When assessing this area for improvement we found that resources and soft furnishings were stored in the girls bathroom. The manager had attempted to address this but there needs to be a more enclosed space away from bathrooms. The manager was sourcing an outdoor storage unit for this. This would support children's health and wellbeing.

This area for improvement has not been met and will be repeated, (see quality indicator 2.2).

Previous area for improvement 4

To support ongoing improvement within the service the provider and manager, in partnership with parents, staff and children, should create an improvement plan and introduce quality assurance procedures.

This is to ensure the service complies 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).

This area for improvement was made on 1 February 2024.

Action taken since then

When assessing this area for improvement we found that an improvement plan was in place for the service. Staff had responsibilities within the plan for specific areas of development. Children were consulted on various aspects of the service and how to improve these. Service should feed back on suggestions so they know the impact of their ideas. Quality assurance and monitoring procedures need to be more robust. This would support staff and management to care for children in a way that supports their health and wellbeing.

This area for improvement has not been met and is reworded, (see quality indicator 3.1)

Previous area for improvement 5

By 31 March 2024 the provider, must ensure that they have enough staff employed within the service to meet the needs of children and ratio's.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(a)(b)(i) Staffing.

This 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)

This area for improvement was made on 1 February 2024.

Action taken since then

When assessing this area for improvement we found that there were enough staff to meet the needs of children and ratio's. Another member of staff has been employed and was due to start. This meant staff were supported to meet children's needs.

This area for improvement has 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.

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

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