

# JAM Afterschool Care Day Care of Children

Easterhouse Baptist Church  
18 Westerhouse Road  
GLASGOW  
G34 9PD

Telephone: 07862743542

**Type of inspection:**  
Unannounced

**Completed on:**  
5 February 2025

**Service provided by:**  
Natalie Lang

**Service provider number:**  
SP2021000118

**Service no:**  
CS2021000198

## About the service

JAM Afterschool Care is registered as a daycare of children service. It is registered to provide a care service to a maximum of 40 children attending primary school. Children attend from several different schools. The service provides care during term time and school holidays. At the time of inspection 25 children were in attendance.

The service has one main playroom and use of an enclosed garden. Toilets for children are located on the first floor and children are accompanied by an adult to the area. JAM Afterschool Care is based in Easterhouse Baptist Church, Glasgow. It is situated close to local parks, shops and amenities and the service made use of these.

## About the inspection

This was an unannounced inspection, which took place on Monday 3 and Tuesday 4 February 2025. 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 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from 30 parents/carers

## Key messages

- Children enjoyed the play experiences provided by staff; they were engaged and having fun. This meant that children were happy and relaxed at the service.
- The manager should develop more robust systems for monitoring and auditing as part of their quality assurance processes.
- Staff knew children and families well, and provided the support and care they required in a kind and nurturing way.
- Children were able to lead their own play and learning.
- The manager should further develop procedures for recording child protection concerns to support children's safety.
- Effective staff deployment ensured that children's individual needs were 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - 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?

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 warm, kind and nurturing in their approach with children and knew the children well. Children were having fun and we could see that clear friendships had been formed. 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, 'Most important thing to me is my child's happiness. He feels he can approach the staff with issues and feels listened to and cared for.' Another told us, 'He feels safe and cared for, his voice is heard with a great balance of boundaries and expectations.' Positive relationships with the children meant staff could offer care which met their needs.

Snack was a relaxed, sociable and unhurried experience for children. Children had the opportunity to take turns serving snack to the others and were involved in choosing the snack options each week. This supported their independence and development of life skills. Staff were aware of children's individual dietary needs which helped to support children's health and wellbeing.

Personal plans were in place for children. These were completed in partnership with parents and children, 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, dislikes and feelings. We discussed with management that plans could contain more details to support children's current needs, progression and development.

We reviewed procedures to support children's safety and wellbeing. We found that medication was stored and administered safely. There was some minor issues with the storage of medication which management amended on the first day of inspection. This supported children's health, safety and wellbeing. The service's child protection policy had been updated to reflect the needs of the service. We discussed with management that a clear chronology should be added to record and identify patterns to support children's safety and have made an area of improvement to address this.

(See area for improvement 1).

### 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, baking and reading stories. One parent commented, 'The staff are always so friendly and involve the kids in lots of different activities. The kids are always coming out with different arts and crafts or baking they have done.' One child told us 'The best thing is the activities like baking and bracelet making.'

Children were able to lead their own play and learning. For example, some children chose to make glitter collage pictures while others practiced their dance routines. One parent commented, 'They learn new ways to play and interact and come home to teach me and their interests are always met they are never made to sit and do something they are not interested in.' Children also told us they could choose which activities

they wanted to participate in each day, and we saw children making those decisions.

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. One parent commented 'The main thing for me is I know how happy my son is attending, there's plenty for him to do and I love that the staff play and are involved with the children not just watching, I love the free play and that all the staff are involved with the kids options.'

Staff based planning on children's interests. A big book and mind maps were used to gather children's ideas for activities. This contained examples of art work and comments from the children. Children could have more ownership and responsibility of their planning and experiences to further develop their life skills and confidence.

At the time of inspection children's access to outdoors was limited. Staff took children for a walk as they risk assessed the outdoor area and found it was unsuitable due to the weather. We discussed with management that children should have daily access to outdoors to support their health and wellbeing.

### Areas for improvement

1. Child protection recording procedures should be updated to meet best practice guidelines and ensure the safety of children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14).

## 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, clean and welcoming. As well as the main hall, children also benefitted from direct access to an outdoor area. The main hall had tables and chairs for children to sit at, a house area games, construction and small world toys.

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. The children would benefit from a cosy area for rest and relaxation, and more open ended, loose parts play resources to spark curiosity and imagination.

We observed that overall infection prevention and control procedures followed. Children and staff were washing their hands when entering the service and before and after snack and baking. This supported children's health and wellbeing. Risk assessment procedures were in place. Staff undertook daily checks of the building and the outdoor areas. This helped support staff identify and remove or reduce risks to children while attending the service.

We saw evidence that children had access to local amenities and parks. Children had recently started participating in football within a local community centre. They were accessing this on different days to allow more children to participate. This supported children to keep healthy through physical activity.

Children had direct access to a secure outdoor area. Children would benefit from more resources in this area. We discussed with management that they should provide more exciting and challenging outdoor play experiences. If access to outdoors is unavailable, children would benefit from other outdoor activities such as walks and visits around the local area, allowing children opportunities to explore their natural environment.

## 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 manager to be approachable and supportive if they had any issues. One staff member told us, 'Our manager always has a very welcoming and friendly approach and has never hesitated to help us when we need it. She is very encouraging of all our ideas and encourages us to act upon these.' This helped staff to feel supported in their role to offer better outcomes for children.

An improvement plan was in place which identified areas for development. We saw progress in some of these areas including the introduction of the football sessions and hot meals during the summer sessions. The service had begun to develop their quality assurance procedures. The manager worked with staff to evaluate the service against best practice guidance. This should be further developed to include evaluations of the services progress and further areas for development.

Monitoring and auditing procedures were in place as part of the quality assurance process. A more robust monitoring and auditing system would support management and staff to ensure any areas that need developed are identified. We discussed with management that they should introduce a more robust system to include monitoring for personal plans and medication and have made an area for improvement to address this,

**(See area for improvement 1).**

The service understood the importance of including children and families in their improvement process. Parents and children's thoughts and opinions were gathered using questionnaires and mind maps when planning activities. Feedback on these would support families to understand their opinions matter to the service.

Team meetings gave staff the opportunity to discuss service developments and evaluate practice. One to ones allowed staff to discuss and training needs and helped them to identify any successes and goals they would like to achieve, as well as discuss any support they needed.

## Areas for improvement

1. To support better outcome for children, management should develop and implement robust quality assurance systems with a focus on but not limited to, personal plans and medication.

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?

**5 - Very 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

During our inspection, we found that effective staff deployment within the setting meant that children's individual needs were being met by the right number of staff throughout. The staff to child ratio allowed staff to be responsive to individual needs, which enhanced children's experiences. One parent commented, 'My child has additional needs and there is always a member of staff to support her personal needs.' Another told us, 'Every time I go to pick up my child I see many staff engaged with children both indoors and outdoors which makes me rest assured and happy that my child is not left out or neglected.'

Staff told us that they worked well together as a team, and we observed this in practice. One staff commented, 'Our team have very strong and good bonds. We communicate well and help each other out when necessary.' Staff communicated when leaving areas, or when children were moving between areas. Staff were vigilant of children at all times, recording children on the register when they started and when they left. This meant children were cared for in a safe manner.

Staff development was encouraged with staff engaging in a range of professional learning activities that built on and sustained their practice. This covered a wide range of topics, including first aid, additional support needs, positive behaviour and infection control and prevention. This supported staff to meet children's needs. One staff member told us, 'Because I have gained more of an understanding through training I am able to communicate and build connections with the children.'

Staff and management understood the importance of having positive relationships with families and children. Parents also told us they had a positive relationship with staff. One parent commented, 'Natalie and the staff at Jam are next to none, they bend over backwards for all children and families within the service providing a caring, loving and safe environment for children to have fun, learn, develop and grow.' 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 July 2023, the provider must understand and ensure their responsibility to meet the Scottish Social Services Council (SSSC) Codes of Practice and ensure that those who require registration with the SSSC, to carry out their role, have achieved registration within the required timescales.

They should also ensure that safer recruitment checks are completed for all staff including volunteers. The provider should be clear of the role of the volunteers when planning deployment of staff.

This is to comply with Regulation 9(1) and (2)(a)(b) and (c) (Fitness of employees) 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: "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" (HCSC 3.14).

**This requirement was made on 4 May 2023.**

#### Action taken on previous requirement

When assessing this requirement we found that all staff and the manager had been registered with SSSC within timescales. All staff were recruited safely in line with best practice. The service no longer uses volunteers to care for children. This supported children's safety.

**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

Personal plans should be improved to ensure that recording and reviewing of information promotes the wellbeing, safety, choices and needs of individual children.

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) and "My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).



**This area for improvement was made on 4 May 2023.**

#### Action taken since then

When assessing this area for improvement we found that personal plans had been updated and children had the opportunity to complete their own 'all about me' section. Information regarding children's needs, wellbeing, safety and choices were recorded. Staff should ensure updates are noted at all times within plans to support them in meeting children's current individual needs. The personal plans ensured staff had the information to meet children's needs.

This area for improvement has been met.

### Previous area for improvement 2

Child protection policies and recording procedures should be updated to ensure the safety of children. The manager should also attend appropriate training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14).

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

When assessing this area for improvement we found that the manager and staff have all attended appropriate child protection training and understood the procedures to keep children safe. The child protection policy has been updated to support the safety of children. The service should add a chronology section to their template for the correct recording of any concerns.

This area for improvement has not been met and has been amended to reflect improvements needed

(See quality indicator 1.1).

### Previous area for improvement 3

The management of medication should be reviewed to ensure it is in line with best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "My care and support meets my needs and is right for me" (HSCS 1.19).

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

When assessing this area for improvement we found that medication was stored safely and securely. Staff should ensure parents sign all medication forms to acknowledge it has been administered. Correct information regarding administration of medication was recorded. This supported children's health and wellbeing.

This area for improvement has been met.

## Previous area for improvement 4

Handwashing and toileting procedures should be reviewed to promote the safety, needs and privacy of all children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

**This area for improvement was made on 4 May 2023.**

### Action taken since then

When assessing this area for improvement we found that all children only had access to the upstairs toilets with staff supervision to support their safety and privacy. The disabled toilet was used only as a changing area. This promoted children's safety, needs and privacy.

This area for improvement has been met.

## Previous area for improvement 5

In order to ensure the safety of the children, the provider must ensure they have sole use of the premises during their hours of operation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

**This area for improvement was made on 4 May 2023.**

### Action taken since then

When assessing this area for improvement we found that the service had the sole use of the premises during hours of operation. This supported children's safety.

This area for improvement has been met.

## Previous area for improvement 6

The provider must ensure that they are consistent in their approach to recording progress. They should have robust quality assurance processes in place and regular monitoring and evaluation.

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).

**This area for improvement was made on 4 May 2023.**

**Action taken since then**

When assessing this area for improvement we found that the service has started to self evaluate with staff, children and families involved in the self evaluation process. This should be further developed to identify areas for development and to ensure monitoring and auditing procedures are more robust.

This area for improvement has not been met and has been amended to reflect improvements needed

(See quality indicator 3.1).

**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?	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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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