

Hazlehead OOSC Day Care of Children

Hazlehead Primary School
Provost Graham Avenue
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Telephone: 07525 855 538

Type of inspection:
Unannounced

Completed on:
30 January 2025

Service provided by:
CLICC Ltd.

Service provider number:
SP2003003228

Service no:
CS2003020276

About the service

Hazlehead Out of School Club (OOSC) is provided by Community Link Childcare. The service is registered with the Care Inspectorate to provide a care service to a maximum of 64 children up to the age of 14 years. The service is provided at two bases; Hazlehead Primary School (community wing) where up to 32 children may be cared for and The Education Room, Pets Corner, Hazlehead Park where up to 32 children may be cared for. The latter location is commonly referred to as 'Trailblazers'. The service is open both before and after school.

At both locations all areas used by the service are on ground floor level. There is car parking available and the service is situated close to public transport links.

About the inspection

This was an unannounced inspection which took place on 28 January 2025 between 14:15 and 18:15, 29 January 2025 between 14:30 and 18:15 and 30 January 2025 between 15:00 and 18:50. 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:

- spent time with children using the service;
- received 11 responses from parents and carers to our request for feedback;
- spoke with staff and management;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children received nurturing and caring support from welcoming and caring staff.
- To support staff in fully meeting children's needs, personal plans needed to be developed further and reviewed in line with legislation.
- To promote children's health and wellbeing, the recording of medication needed to be improved.
- To provide challenge and interest for children, planned play experiences and resources needed to be further developed.
- Regular time outdoors provided the opportunity for children to access fresh air and enjoy energetic play.
- The space used was inviting and gave a real sense of belonging to the children.
- Quality assurance practices needed to be further developed to promote continuous improvement.
- The deployment of staff and robust systems adhered to by staff ensured that children were kept safe.

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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

Quality Indicator: 1.1 Nurturing care and support

Children benefited from caring staff who greeted them warmly when they arrived at the collection point for club. Interactions were generally positive throughout the sessions. Children spoke positively about staff and readily approached them to chat and play. They told us staff were "good" and "nice, very kind, very cool." Parents and carers also commented positively about staff. One parent told us that "the staff are friendly, approachable and well-liked by the children", and another that "they are very helpful." Some younger children would have benefited from more attention and support. Examples of this were provided during our feedback session.

Positive changes made to the snack routine had enabled children to be more actively involved in the snack experience. At Trailblazers, snack helpers prepared the snack with support from staff. At Hazlehead, children were encouraged to self-serve. The snack menu had been reviewed, and healthier options had replaced some previous snack options. Feedback from some children was that snack could be repetitive. We shared this with the manager who agreed this could be explored further.

Children were not consistently supported to stay hydrated. At Hazlehead, water jugs and cups were available at each table and children did generally have a drink. At Trailblazers, a water dispenser and cups were available behind the serving area. None of the children helped themselves to a drink, were not prompted to, and also didn't access their own water bottles. A parent told us "offering drinks as a part of the afternoon snack would be good. The children are asked to drink from their own water bottles which is fine but they are not actively encouraged to drink. My child has come home and often said they have not had a drink all afternoon" (see area for improvement 1).

Information was in place regarding how to support children's specific health needs through children's personal plans and medication forms. Some personal plans were reviewed by staff every six months in line with legislation, however not in conjunction with parents and carers. Others were not reviewed within the six month required timescale. One personal plan had not been fully completed. It made reference to information contained within another child's personal plan and advised to follow that advice. Without regular review, in partnership with parents and carers, there was the potential for some important information to be missed out of children's personal plans. This could then result in children's health and wellbeing needs not being fully met (see area for improvement 2).

Medication records did not provide sufficient detail to support staff's knowledge of how to meet children's medical needs. They were not fully completed, for example in one medication form the full name of medication was not recorded. In other medication forms, confirmation that the first dose of medication had been given at home had not been ticked. Medication was not always reviewed three monthly, with some as long as nine months. The section on the medication forms asking when medication was to be administered had not been completed for any of the medication forms sampled. This information, however, could be found with children's personal plan information. Audits undertaken by the management team had failed to identify these issues. Incomplete information and information being held in various places meant that there was a risk of confusion in an emergency situation (see requirement 1).

Staff spoke of having restorative conversations with children where unwanted behaviours had been observed. However, children told us that a planned party was cancelled due to their behaviour. We encouraged the service to consider more positive approaches to supporting children's behaviour.

Quality indicator: 1.3 Play and learning

Children were generally happy and engaged throughout the sessions. Sometimes younger, less confident children could have been better supported to engage in activities and examples of this were provided during feedback.

Regular access to outdoor play ensured that children enjoyed fresh air and opportunities for energetic play. Children enjoyed activities including football, tree climbing and 'tag.' Outdoor play would benefit from being further developed to provide more stimulating and challenging experiences for the children, such as den building, loose parts play and group games. Children spoke of enjoying outdoor play in the dark using head torches, however staff told us that they had broken through wear and tear and had not been replaced (see area for improvement 3).

Children enjoyed some indoor activities such as chess, board games, creating courses with dominoes, drawing, reading and painting. At times, staff got involved in activities with the children and this created some really positive experiences. Children had limited opportunities to explore more imaginative play experiences, such as loose parts play, indoor den building, and fun science experiments (see area for improvement 3).

There were limited resources at both settings. Art and craft resources were limited to pens, paints and paper. Some of the pens did not have lids on them and had dried up. Children had restricted opportunities to promote their creativity and curiosity, as there was a minimal range of resources and materials to support different ages and provide challenge and interest. We provided examples of how this could be improved during feedback (see area for improvement 3).

Requirements

1. By 27 March 2025, the provider must ensure that children's health and wellbeing are fully supported. To do this, the provider must, at a minimum, ensure:

- a) the recording of medication meets current best practice guidance;
- b) staff are knowledgeable and competent in the safe administration and recording of medication; and
- c) audits of medication identify any areas for improvement and that these are rectified promptly.

This is to comply with Regulation 4 (1)(a) 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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To support children's health, wellbeing and development the provider should ensure that children are supported to stay hydrated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I can drink fresh water at all times' (HSCS 1.39).

2. To support children's wellbeing, the provider must ensure that all personal plans accurately identify children's needs and how they will be met. Personal plans must be reviewed and updated with key information where required, in partnership with parents and carers, at least every six months, or more frequently if there are changes.

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)

3. To support children's wellbeing, learning and development and promote age and stage appropriate play and learning opportunities, the provider should provide challenging and interesting play opportunities within a well-resourced environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.' (HSCS 1.31).

How good is our setting?

4 - Good

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

Quality indicator: 2.2 Children experience high quality facilities

The children's play spaces were very welcoming. Children's art was displayed on the walls which helped to give them a sense of ownership over their space. Children were really comfortable in the space. Peg units had been purchased so that children had somewhere to hang their jackets. School bags were stored in a range of flexi tubs. Staff were aware that sometimes it was difficult for children to locate their schoolbags at the end of the day and were exploring different options to improve this.

Tables and chairs were of a good quality and appropriate for the children's activities. The staff rearranged some of the furniture to support a more positive environment for the children. A second room had recently been acquired at Hazlehead and this allowed children increased choice. At Trailblazers floor cushions had been purchased to help create a quiet space for children to rest. Some children were using this area well to read. There was no similar space at Hazlehead, however this was currently being explored by the team.

At both settings a window was opened for ventilation. Children washed their hands regularly and at key times during the session, using best practice. Toilets were clean and well equipped. Infection prevention and control should be further improved. Mud visible on an area of the floor children were sitting on at Trailblazers was not swept up until 45 minutes later. Snack prepared in advance of the children arriving at the setting was left uncovered. These areas were discussed with the manager at feedback. They agreed to improve the arrangements to ensure high levels of infection prevention and control practice to help to promote children's health.

Children had access to good quality outdoor spaces. These were being used every day which supported children's physical and mental wellbeing. When outdoors there were clear boundaries for the children to adhere to, and conversations were held with the children to remind them of this. Staff were mindful of their positioning so that all the play spaces were supervised. This helped to keep children safe.

Parents and carers did not access the building at Hazlehead, and staff told us this was due to landlord arrangements. This made it challenging to have meaningful conversations when they collected their children. Families could not get a full sense of their children's experience of the out of school club. One parent told us they would like to "see what they are up to" and another that "we don't really see much of what happens at after school club, only through the window. We get handover outside."

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

Quality indicator: 3.1 Quality assurance and improvement are led well

The staff team had been making some improvements to the service. For example, there was increased participation from children in relation to the snack experience. Staff also spoke about future plans including creating a quiet space at Hazlehead and developing loose parts play at Trailblazers.

Quality improvement visits were undertaken by the manager of the service. Some areas for improvement had been identified for the team to work on, including developing children's meetings further, introducing a library corner and putting together a catalogue of resources to support children's choice. However, some of the issues we identified during the inspection, in relation to personal plans and medication, had not been identified as part of the quality improvement visits. An effective system needs to be in place to ensure that areas for improvement are identified, followed up and lead to positive outcomes (see area for improvement 1).

Improvement plans were in place and work was ongoing to make them easier to follow and progress. The improvement plans did not have clear goals or meaningful involvement from children or their parents and carers. This would help to make them more relevant to the children attending the service and support positive outcomes. To support improvement, regular review and progress towards meeting the goals should be an integral part of the improvement plan (see area for improvement 1).

One to one meetings were held with staff on a regular basis. They were appropriately detailed and reflected that discussion and agreement had taken place about what individual staff were doing well and could develop further. This helped to support and develop staff practice. Observations of staff practice were not currently being used within the service. It was however something that the manager was looking to introduce as a further tool to develop practice.

Families had some opportunities to contribute to the development of the service. Parents were asked for feedback through a monthly question to evaluate specific areas. Children had opportunities to suggest activities and snack options and these were recorded in mind maps. The service should continue to develop how they gather families' views and use this to support the continuous improvement of the service (see area for improvement 1).

Areas for improvement

1. In order to support high quality experiences and positive outcomes for children's development, learning, care and support, the provider should ensure that quality assurance and improvement processes are robust and effective to drive forward improvement. This should include but is not limited to:

- a) further developing parent and carers and children's meaningful participation in the evaluation and development of the service;
- b) ensuring audits identify key areas for improvement and are progressed; and
- c) continuing to develop improvement plans that support timely development and are outcome focused.

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?**4 - Good**

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

Quality indicator: 4.3 staff deployment

Children were cared for by staff who had varying knowledge, skills and experience. Core training was delivered to staff, and the provider ensured that refresher training, such as first aid was undertaken in line with requirements. This helped to keep staff's knowledge and practice up to date and supported them to develop in confidence. Staff spoke positively about recent training in relation to supporting children with additional support needs and how this was making them think more about how they approached different situations. The team however needed to continue to develop their knowledge and skills in relation to areas highlighted within this report. These include medication recording, personal planning and supporting stimulating play experiences to ensure high quality outcomes for the children.

The team had undergone recent changes and were working well together. Newer staff told us that they felt well supported through their induction and beyond. We saw staff being encouraged and directed by the coordinators to develop in their role.

Sufficient staff were employed in numbers that ensured that they were able to meet children's needs. This allowed opportunities for children to have one to one time with staff as well as small groups. Staff spoke about levels of staff absence being low in the service. Staff from other CLICC services or from the CLICC relief pool were used to cover absences when needed. Where possible this was limited to a small number of staff to support continuity of care. Staff reported that this was working well.

There was a clear and robust system in place for collecting children after school. Children knew the arrangement for collection. Staff were well prepared and used regular register checks and head counts to make sure everyone was accounted for. Children attending Trailblazers wore a hi vis vest which ensured a high level of visibility in the school playground and the short walk to the club. School staff passed on key information and there was sufficient staff to allow this to take place. Children were supported very safely on the walk to Trailblazers. Staff ensured that the safest route was taken, and regular head counts took place. Staff positioned themselves so that they always had a clear view of all the children and were also able to engage with and support them well. Children were clearly knowledgeable about the effective routine, expectations and keeping safe.

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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