

Venchie Children And Young People's Project Day Care of Children

Niddrie Adventure Playground
61 Niddrie Mains Terrace
Edinburgh
EH16 4NX

Telephone: 01316 299 546

Type of inspection:
Unannounced

Completed on:
30 January 2025

Service provided by:
Venchie Children and Young People's
Project

Service provider number:
SP2003003109

Service no:
CS2003013332

About the service

Venchie Children and Young People's Project is registered to provide a care service to a maximum of 30 children and young people of primary and secondary school age at any one time during term time. During school holidays a maximum of 70 children and young people of primary and secondary school age may be cared for at any one time.

Some children attend the daily breakfast club. After school sessions are provided daily to children within specific age groups. The service also provides holiday clubs during school holidays.

The service is based in a residential area of Craigmillar, South Edinburgh. The building is a single-story unit with a variety of rooms including two large play spaces, a kitchen area, computer room, toilets and an office space. The service has a large outdoor space which consists of a football pitch, play park, nature garden and some areas of open space.

About the inspection

This was an unannounced inspection which took place on Tuesday 28 January 2025 between 15:15 and 17:50. We returned to the service on Wednesday 29 January 2025 between 08:05 and 09:15. 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
- received feedback from 13 parents via an online survey
- spoke with staff, including staff overseeing the service in the absence of the manager
- observed practice and children's experiences
- reviewed documents.

Key messages

Children felt a strong sense of connection to the service.

Children were having fun and learning valuable life skills through a range of different activities.

Staff were friendly and supportive, helping children to feel happy and secure.

Parents valued the support provided to them and their children.

Quality assurance processes needed to be embedded to ensure improvements were made and sustained.

The service should develop appropriate and safe procedures related to the use of mobile devices and technology.

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?	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?

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 1.1: Nurturing care and support

Positive relationships created a sense of belonging and connection for children and families. Interactions between children, their peers and staff were warm and friendly. This supported children's social and emotional needs and fostered familiar attachments. When asked what they enjoyed about the service, one child commented, "playing with my friends." Staff supported children to feel valued. For example, two children confidently showed staff a new gymnastic routine they had learned. Staff responded with interest and praised children for their efforts.

Staff knew children well and were responsive to their needs. They chatted with children about the school day, their interests and their home experiences. This helped children to feel included and comfortable. One parent said, "Staff always ask about my child's health and if there is anything they can do. Staff are amazing."

Mealtimes were relaxed and social experiences. On the whole, staff sat with children aiding conversation and supporting relationships. Staff supervised children while eating and when they helped to prepare food. This promoted their safety. Children had good opportunities to be independent and involved in the daily routines. For example, children usually prepared some of the snack options. They were also encouraged to serve snack themselves, giving them a sense of responsibility. These experiences supported children to develop valuable life skills in a fun and relaxed environment.

Children's oral health was promoted through effective toothbrushing practices. The service had worked with local health professionals to provide toothbrushing opportunities and resources to children and families. Staff provided guidance to children as they brushed their teeth, helping them to feel nurtured and supported.

Personal plans provided useful information that helped staff plan for children's care and support needs. Some support strategies had been identified and implemented, which helped children experience consistent care. For example, one child's confidence and wellbeing needs were supported as they enjoyed helping with tasks. However, for some children, strategies of support were not recorded within plans and for others recorded strategies were not reviewed. As a result, there were missed opportunities to consider all children's needs and to reflect on the effectiveness of the support. Staff could talk about how they promoted children's needs and wishes. However, further development of personal planning approaches could enable staff to enhance the support and opportunities provided to all children.

Children's medication was onsite and securely stored, meaning children could receive medication when needed. Staff knew about children's medical conditions and could talk about the steps they would take to support children. However, there were gaps in the information recorded about the symptoms and emergency procedures for some children. This had the potential to delay care and could leave staff unsure of how to respond. During the inspection, the service took steps to review and update the information. To ensure children's care is consistently safe and supportive, the service should ensure that all medication and health

care needs are effectively recorded and planned for. We signposted the service to Management of medication in daycare of children and childminding services, (Care Inspectorate, 2024).

Quality indicator 1.3: Play and learning

Children were having fun as they played independently and cooperatively with friends. As a result, children had developed positive relationships and were having fun.

Children could engage in a range of activities in the dining space, hall and garden. Children had good opportunities to be physically active as they enjoyed time outdoors, played on soft play equipment and played games such as football and basketball. These activities were popular and promoted children's physical health and wellbeing. Breakfast club activities were supportive of children having a fun yet calm start to their day. They enjoyed playing board games, reading and having fun on the play equipment both indoors and outside.

Experiences were planned based on children's interests and requests, which helped to sustain their engagement. For example, dance and gymnastics were provided in the hall and usually a planned craft experience enabled children's creativity. For example, children often enjoyed themed crafts based on seasonal festivals. Children could see that their interests were respected. One parent said, "There is always a wide range of things for them to do and they always ask for the children's views and opinions." Another parent said, "My child loves going to gain new experiences and make new friends."

Children could choose from a range of resources and materials that promoted their curiosity and creativity. This included, for example, musical instruments, small world resources, a small home corner area, library space and construction toys. We saw through photographic evidence that children had some opportunities to explore loose part materials, such as crates, wooden, materials and real-life items. Further opportunities to consistently access this type of play could further enhance children's play experiences. Staff could also consider how they could set out experiences and resources in more inviting ways to help stimulate and ignite children's play. For example, sand was available outdoors and resources such as spades and scoops were present. However, these items were not displayed in a way that invited children to play with them. Staff would benefit from further opportunities to develop their knowledge and skills in relation to children's play and planning approaches to extend children's play experiences.

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

Children had enough space to meet their needs and were able to move freely around the service. This supported them to engage in a range of experiences. One child said, "I love having enough space to practice gymnastics in the hall." Free flow movement between indoors and outside allowed children to be active and experience fresh air. This promoted their wellbeing.

Children were able to relax during the session as the service had added an additional space with beanbags and cushions. This alongside the library area provided comfortable spaces for children to rest and chat with their peers. As a result of these additional resources, the service felt more homely. Further organisation of

the environment could enhance children's experiences. For example, some areas of the play space could be reorganised to give children additional opportunities to try different activities.

Children's health benefitted from a clean environment with effective infection prevention and control measures. Staff and children regularly washed their hands at appropriate times, helping to limit the spread of infection. To ensure consistency, staff should ensure children are supported to wash their hands after eating.

Checklists and visual prompts were used to support the maintenance and safety of the facilities and the building. There was now an effective system in place to record issues and report concerns. Further work was needed to ensure outstanding work was completed promptly. For example, recurring issues should be addressed in relation to the outdoor play equipment. The provider agreed to take forward these issues and make plans to address (see area for improvement 1 in 'How good is our leadership?').

Appropriate safety measures were in place to keep children safe inside the building and in the local community. For example, when walking to school, staff supervised children appropriately and promoted road safety. A requirement made at the last inspection was met as the service had fixed the boundary fence. Checks were conducted to ensure the garden was safe and ready for use. However, on the day of the inspection checks had not identified that a gate had been left unsecured. This meant there was potential for members of the public to easily access the garden. We raised this issue with staff and discussed the importance of ensuring exits and entrances are effectively secured. The service should support staff to consistently implement effective quality assurance practices in relation to children's safety and security (see area for improvement 1 in 'How good is our leadership?').

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 3.1: Quality assurance and improvement are led well

A clear vision for the service helped children and families to feel supported and cared for. One parent said, "Staff are great with the kids and parents too, always there to offer help and support. The team do a great job for the community as a whole."

Children's choices and preferences were valued as staff asked for their views in relation to snacks, play resources and weekly activities. These were recorded on evaluation sheets to ensure they were acted upon. Children told us they felt staff listened to their choices and respected their wishes. Parents and families' views were recognised as important. Daily conversations, drop in sessions and yearly evaluation forms were used to gather feedback. All parents said they strongly agreed with the statement: 'Overall, I am happy with the care and support my child receives in this service.' Another parent commented, "I am kept well informed of anything happening."

The service had developed an improvement plan, which led to some improvements being made. For example, the improvement plan had identified the need for cosier spaces, which had been introduced. However, other aspects of the improvement plan had been slow to progress, and limited work had taken place to reflect on how to move improvements forward. For example, various training needs and interests had been identified with staff. However, relevant training and learning opportunities related to these needs

had not been sourced. This was a missed opportunity to use the improvement plan as a tool to develop the knowledge and skills of the staff team.

Some aspects of the service were supported by effective quality assurance practices. For example, infection, prevention and control checklists helped to keep the environment clean and limit the spread of infection. However, a more comprehensive approach to quality assurance was needed to ensure all aspects of children's care and experiences were monitored. For example, improvements were needed to ensure medication information was completed and audited effectively. The staff and management team needed to ensure quality assurance was an ongoing process that impacted positively on all aspects of the service (see area for improvement, 1).

The service promoted the involvement of volunteers and student placements, which can have a positive benefit to the service. However, the provider should ensure that the process of placing volunteers and students follows good practice guidance in relation to seeking references and liaising with placing organisations. The service should ensure effective quality assurance measures are in place so that any agreements with learning organisations such as colleges are in place prior to placements commencing (see area for improvement, 2).

The service had recently allowed children to use their personal mobile phones to record some of the activities they took part in. For example, when learning dance routines or on one occasion when they made pizzas. Staff told us children wanted to record these experiences so they could continue them at home. However, the service did not have a robust policy and procedure in place to manage the use of personal devices. This meant there was not a shared understanding of the procedures staff should follow, including how use of these devices would be monitored in the service. We discussed ways the service could use their own technology to help children record experiences and highlighted the need for permissions and procedures to be carefully considered. We signposted the service to resources that would support them to make informed decisions about the use of technology. To ensure children's safety, the service should review and develop the approach to managing children's access to technology (see area for improvement, 3).

Areas for improvement

1. To support consistently positive outcomes for children, the provider should develop and embed robust quality assurance processes and practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure children's safety and wellbeing, the provider should ensure the service develop their approach to managing volunteer recruitment, including student placements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS, 4.24).

3. To ensure children's online safety, the service should implement robust and safe procedures relating to the use of digital technology. This would include but not be limited to developing policies and procedures related to children's use of technology in partnership with children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS, 3.20) and 'I am helped to feel safe and secure in my local community' (HSCS, 3.25).

How good is our staff team?

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: 4.3 Staff deployment

Staff deployment was mostly effective in providing continuity of care. The service benefitted from enough staff to meet the needs of children. Staff supervised children at mealtimes, helping to create a safe and social experience. Overall, staff supervised children as they played. However, due to the layout of space, there were a few occasions when children were playing in areas unsupervised. Staff were swift to check in with children, however, ongoing reviews of deployment should be undertaken to identify areas and tasks that may impact on effective staff deployment.

Staff used registers and headcounts effectively to ensure children were present and accounted for. For example, during the walk to school staff carried out headcounts and deployed themselves effectively. This helped to promote children's safety.

The staff team worked positively with each other and communicated well. For example, when they were leaving a space, they alerted their colleagues or when a child needed help, they communicated this. Staff showed a genuine interest in children, which helped to create a positive atmosphere in the service. One parent describe staff as, "All really nice and caring".

All staff held relevant qualifications related to their roles. Staff had opportunities to complete core training, which helped to maintain children's safety and wellbeing. For example, staff had completed first aid and child protection training. This supported them to promote children's health and wellbeing. To further enhance children's experiences, staff would benefit from greater learning and development opportunities that enable them to develop their skills and knowledge in relation to high quality play and learning experiences. For example, opportunities for staff to explore loose parts resources and good practice guidance could enable children to have further opportunities to be creative and problem solve. Where training needs are identified, staff should be encouraged and enabled to access resources, courses and materials that will support their practice and skills development.

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

Requirements

Requirement 1

By 20 November 2023, the provider must ensure children's safety is supported by secure boundaries within outdoor spaces. The provider must ensure risks are minimised with effective security.

To do this, the provider must, at a minimum:

- a) ensure there is a secure boundary by replacing any areas of missing fencing,
- b) develop a robust risk assessment that outlines how children's safety will be maintained when playing outdoors.

This is to comply with Regulations 4(1)(a) (Welfare of users) and 10(2)(d) (Fitness of premises) 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: 'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 12 September 2023.

Action taken on previous requirement

Following the last inspection in September 2023, the service provided evidence to the Care Inspectorate, which showed the boundary fencing had been improved. We reviewed this area during this inspection and found the fence to be in place.

A risk assessment for the outdoor area had been created. This covered the boundary area and the actions staff should take to maintain children's safety.

We did find an issue with a gate being accessible. The management team and staff gave assurances that normal practice was for the gate to be secured. The provider should ensure staff consistently follow actions outlined in any checks in order to maintain children's safety. We have made an area for improvement regarding robust and effective quality assurance measures.

Overall, children's safety was supported as a result of the secured fencing.

Met - outwith 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 experience a welcoming and well-maintained environment, the provider should improve the approach to reporting, managing and actioning maintenance issues.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 12 September 2023.

Action taken since then

The approach to reporting and managing maintenance had improved. A recording system was in place and used to manage any issues. At times, maintenance took longer to address as the service often relied on volunteers to support with maintenance jobs. The provider agreed to ensure any outstanding issues were progressed in a timely manner.

Quality assurance processes should be robust and effective to aid the actioning of maintenance. We have made an area for improvement related to quality assurance in Key Question 3: 'How good is our leadership?'.

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?	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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