

Autism & Neurodiversity North Scotland - Aberdeen Playscheme Day Care of Children

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Type of inspection:
Unannounced

Completed on:
5 February 2025

Service provided by:
Autism & Neurodiversity North
Scotland

Service provider number:
SP2003000368

Service no:
CS2003001829

About the service

Autism and Neurodiversity North Scotland - Aberdeen Playscheme is situated in a residential area of Aberdeen. The service is on a bus route and is near to local shops, parks and other amenities.

The service is registered to provide a care service to a maximum of 20 children between the ages of four and 18 years at any one time.

Children have access to a playroom, sensory room, technology room, soft play room, library room, and toilet facilities, with office space and a kitchen being available for staff use.

About the inspection

This was an unannounced inspection which took place on 1, 2 and 4 February 2025. 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:

- interacted with children using the service
- received 20 completed questionnaires (this includes all types)
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children experienced inconsistent nurturing and caring approaches.
- Children's overall wellbeing was not supported through the effective use of personal planning.
- Most children did not experience safe and positive mealtimes.
- Outings to parks, beaches and other amenities in the community were enjoyed by children.
- Children were not cared for in a safe and clean environment. This was addressed during inspection and immediate action was taken to keep children safe.
- Management and leadership was not effective to promote high quality experiences and help ensure children's safety and wellbeing.
- Quality assurance and self evaluation processes were not effective to help ensure children's safety, health and wellbeing.
- Staff did not demonstrate the knowledge and skills to keep children safe and well.

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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?

2 - Weak

We evaluated different parts of this key question as weak and adequate, with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

1.1 Nurturing care and support

Children experienced inconsistent nurturing and caring approaches. Most staff were kind, and some staff demonstrated a genuine warmth and liking for the children in their care. Some children responded with spontaneous hugs and looked relaxed and at ease with staff. Some staff interactions could be improved to engage and stimulate children's interests. For example, some staff stood back and watched rather than play with or alongside children to extend their interest. A few staff members did not provide children with the loving care to thrive and on occasion used harsh tones and inappropriate voices. This was discussed with the CEO (Chief Executive Officer) who advised they would provide support and professional development for any staff who would benefit from this (**see requirement one, under quality indicator 4.3**).

Children were supported in their personal care and were encouraged to visit the toilet. This helped children feel comfortable. Children's choice was respected, and some children chose not to go to the toilet when asked.

Children's overall wellbeing was not supported through the effective use of personal planning. Children's personal plans were out of date and did not reflect their current interests or preferences. This led to some children who did not experience high quality care and were offered experiences which were not appropriate for their needs. Some staff did not demonstrate a good understanding of the children and their individual needs. Reflective discussions held by staff at the end of the session did not provide an accurate account of children's experiences and were not used to develop effective strategies of support. This led to some children who were frustrated and distressed at key times of the day such as transitioning to go home. Reviews of children's personal plans were at the very early stages and did not offer families enough opportunities to influence or add information. This did not value the expertise and knowledge of parents and carers to promote effective working together. Parents commented, "I don't remember the last time I was asked to update my child's plan," and "I haven't been involved in a personal plan for my child" (**see requirement one**).

Most children did not experience safe and positive mealtimes. Children brought in packed lunches from home which meant they ate food they enjoyed. A few children chose to eat their lunch as soon as they came in, and no provision was made to ensure that they had enough food left for later. This raised the potential for them to be hungry later in the day. The lunch table was not available for those choosing an early lunch and staff made no attempt to provide them with an inviting or welcoming space to eat. This meant some children ate while lying on the floor or sitting on the sofa. This raised the potential risk of choking and did not promote positive social experiences. The table was dirty and was not cleaned prior to children eating, raising the potential for illness. We raised our concerns with the CEO, who agreed to take action to improve children's safety and experience. Some improvements were made to the lunch experience on day two of inspection (**see requirement two**).

Staff demonstrated a good understanding of child protection. Chronologies were used to record and monitor any concerns, and other agencies had been contacted when necessary.

1.3 Play and learning

Most children were happy to attend the setting. They were able to move freely between rooms and some children chose to stay in one area where they felt safe. This offered some opportunities for independent choice. Some parents contacted felt the setting offered a range of experiences, including both indoors and outdoors.

Play experiences were planned by the team leader. We were advised that previous experiences included sensory play in water and colour mixing, however, these types of activities were not evident at the time of inspection. Information recorded in children's personal plans was not used to plan experiences responsive to children's individual needs. As a result, a few children whose personal plans specified limited use of technology, spent lengthy periods of time fixated on television programmes. A few parents contacted felt older children were not offered challenging experiences suitable for their age and stage of development **(see area for improvement one)**.

Staff interactions to engage and motivate children were inconsistent. A few staff demonstrated positive interactions and supported the children well. For example, at the park they helped children climb safely. However, some staff did not effectively engage or encourage children's participation. We shared this feedback with the with the CEO, and this improved on day two.

Opportunities for play and learning were enhanced through connections to their own and wider communities. A minibus enabled children to visit play parks, the beach, and other amenities. Parents felt this was a strength of the setting and that their children liked getting out and about. During inspection, some children enjoyed a trip to Stonehaven Park and had fun climbing and playing on the play equipment. Children were able to choose if they wanted to go on the trip, however it was often the same children who chose not to go. This meant some children did not take part in outdoor play experiences to support their health and emotional wellbeing.

Requirements

1. By 31 March 2025, the provider and manager must ensure children are supported with nurturing care that meets their care needs and emotional wellbeing.

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

- a) Ensure children's personal plans are up-to-date and parents have been fully involved in this process.
- b) Ensure staff are well informed about the children and use the personal planning information to provide individualised and responsive care relevant to their needs.

This is to comply with Regulation 4(1)(a) (Welfare of 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 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).

2. By 28 February 2025, the provider and manager must ensure children experience positive and safe mealtimes.

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

- a) Ensure staff are well informed about children's individual food preferences and eating patterns and use this to plan unhurried and relaxed mealtime experiences.
- b) Ensure children are encouraged to sit and eat in a safe location.
- c) Ensure staff provide children with the supervision, support, and care to meet their individual needs at mealtimes.

This is to comply with Regulation 4(1)(a) (Welfare of 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 state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

Areas for improvement

1. To promote children to have fun and enjoyment, the manager and staff should ensure children experience high quality play experiences to stimulate their curiosity, imagination and creativity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

2.2 Children experience high quality facilities

Children and families entered through a small foyer. This provided some opportunities for staff to chat and share information with parents and carers at drop off and pick up times.

Children were not cared for in a clean and safe environment. At the start of the session, some bins were overflowing and swing top bin lids were dirty. Floors were sticky with a few small buttons, food crumbs and toys under furniture. The lunch table looked very dirty and was not cleaned prior to children eating. The staff kitchen, sometimes used to prepare children's food including making solutions for peg feeding, was unclean.

Blankets used by the children were not washed at the end of the day. Toy cupboards were very untidy and unsafe. For example, small toys including Lego pieces were lying loose and could easily be swallowed by children. The laundry room was dirty and did not support the safe storage of clean linen. The sanitary wear in the staff toilet and small children's toilet was broken. Both of these facilities were dirty, and in the children's toilet, handtowels could not be easily reached. This presented the potential for cross contamination and a risk to children's health.

Staff did not demonstrate a good understanding of infection prevention and control practices. We were asked to wash our hands when we arrived, helping to reduce the risk of infection. However, most children were not observed washing their hands on arrival, after outdoor play and before and after eating.

We discussed our concerns with the CEO at the end of day one. Immediate action was taken to clean the environment to an acceptable standard, tidy cupboards and make the toilets safe (**see requirement one**).

Staff did not demonstrate a good knowledge and understanding of how to keep children safe both indoors and when planning visits and outings. Children were not always effectively supervised and one child played alone in a room with the door closed. Risk assessments for some outings had not been completed to help identify potential hazards. Children enjoyed the trip, however, staff were not adequately prepared to keep children safe should they leave the group. This resulted in the potential for children's safety to be compromised.

Risk assessment and daily checks were not effective to ensure a safe environment. We found radiators in some rooms were scalding hot, raising the potential for burns and injuries. This was discussed with the CEO who introduced hourly monitoring of the surface temperature of the radiators to help ensure they remained at a safe temperature throughout the day (**see requirement two**).

Children played in a variety of rooms and spaces. Since the previous inspection, there had been some positive changes to the layout, for example, the addition of the soft play gym made the space more welcoming and interesting. However, other areas such as the library looked uninviting and would benefit from homely touches and some re-decoration.

Requirements

1. By 28 February 2025, the provider and manager must ensure children's health and safety in relation to safe and effective infection prevention and control.

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

- a) Staff are knowledgeable, competent, and implement safe and effective infection prevention and control practices.
- b) The environment, resources, and equipment are clean and well maintained.

This is to comply with Regulation 4(1)(a) (Welfare of 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 state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

2. By 28 February 2025, the provider must ensure children's safety, health, and wellbeing indoors, when playing outside and on outings.

To do this, the provider and manager must at a minimum ensure:

- a) The environment is safe and well maintained, with toys and games stored safely.
- b) Staff are knowledgeable and competent in carrying out effective risk assessments and take appropriate action to prevent potential harms.

This is to comply with Regulation 4(1)(a) (Welfare of 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 state that: 'My environment is secure and safe' (HSCS 5.19).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

3.1 Quality assurance and improvement are led well

The manager was not present during the inspection and leadership was not effective to help ensure children's safety, care, and wellbeing. The role and responsibilities of the manager had changed and included additional support to other services within the organisation. This resulted in them spending less time in the service. Management arrangements in their absence included a team leader and team assist. However, they did not demonstrate the leadership skills, knowledge and experience necessary to keep children safe and well. This contributed to inconsistent care and poor practice as evidenced throughout the report (**see requirement one**).

Quality assurance was not effective to ensure high quality care outcomes and experiences for the children. For example, when an audit of children's personal plans had highlighted concerns, reviews had not been actioned in a timely manner. Infection prevention and control issues had not been identified, and children were not always offered high quality play experiences.

Well considered and purposeful self evaluation had not resulted in sustained improvement. Some staff did not feel valued for their suggestions or opinions. Monthly staff meetings were useful to share information, however, staff did not feel confident the CEO or manager would action any concerns discussed. This contributed to a setting where high quality care and play experiences were not embedded in practice and identified improvements had not been sustained (**see area for improvement one**).

There were some opportunities for parents to be involved in the development of the service. Parents were able to come in when they dropped off or picked up their children. This led to some sharing of information; however, the small foyer made it difficult for confidential discussions with staff. Staff advised this could be facilitated in the bright and airy office spaces.

Other opportunities to involve parents included emails and surveys. Previous feedback from parents led to the development of the sensory room and talking walls (equipment to facilitate the voice of children with autism and complex needs). However, some parents we consulted felt they had limited recent involvement in the development of the service and had not been asked for their suggestions or opinions.

Some opportunities had been introduced to gather the views of children attending the service. Simple ways such as voting using bottle tops had been introduced to gather children's views, however this had not been

sustained or impacted on high quality play experiences. We suggested using quality observation of children's experiences to help gather their views and opinions.

The CEO and manager advised they were committed about making the necessary improvements. They demonstrated positive engagement throughout the inspection process and took immediate action to address some of the concerns identified.

Requirements

1. By 28 February 2025, the provider must ensure there is a qualified, skilled, and experienced manager / leader in the service at all times and that they effectively carry out their specific role and responsibilities.

This is to comply with Regulation 4(1)(a) (Welfare of 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 state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To support positive outcomes and experiences for children and to help ensure their individual care needs are met, the provider and manager should ensure quality assurance and self evaluation lead to improved outcomes for children and families.

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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

4.3 Staff deployment

Staff did not demonstrate the knowledge, skills, competency, and capability to meet the needs of children. Training and development sessions had been arranged; however, most staff did not attend. This resulted in poor practice and experiences for children. Staff were inconsistent in their understanding of how to keep children safe from harm. For example, they were not sufficiently knowledgeable or skilled in supporting children who may place themselves or others at harm. Staff advised there was a 'No hands on' policy, however there was confusion about what this meant in practice and were unsure of the steps they needed to take to keep children safe. This led to inconsistencies in practice and poor outcomes for children (**see requirement one**).

The deployment of staffing did not always support consistent and nurturing care. There were enough staff present to care for the children and staff breaks were planned to limit the impact on children's experiences. There was not always effective leadership or knowledgeable, skilled staff to ensure high quality care and children's safety. During times such as outings, there was not always skilled and experienced leadership within the setting to meet the needs and safety of the children who did not attend the outing. There was

only one member of staff on duty with the children who held a childcare qualification. This meant there were not enough skilled and experienced staff to promote consistent care and positive experiences for children (**see requirement two**).

Newly recruited staff took part in an induction programme which developed their understanding of autism and neurodiversity. They spoke very highly about this, and the impact on their practice. Most staff spoke confidently about how to safeguard and protect children and were confident in the service policy and procedures.

Staff were supportive of each other and most staff worked well together. Most staff told us they enjoyed working at the setting and liked working with the children. However, some staff were less happy in their role and felt undervalued. This contributed to some discontent and lack of motivation. Most staff communicated well throughout the day to keep each other informed on their whereabouts. They ensured they told another member of staff if a task took them away from their responsibilities.

Children were cared for by friendly staff. However, parents and carers were not always advised of staff changes. Parent and carer comments were varied and included, "There are a lot of staff changes but they seem friendly, and my child seems to like them", "I am not knowing a lot of the staff again. When I dropped my child off this morning the person who welcomed us did not know my child and had to ask me his name." This did not promote trusting relationships with all families or support working together to meet children's needs.

Requirements

1. By 31 March 2025, to promote the safety and wellbeing of people, the provider must ensure that staff have the required knowledge, skills and experience to meet the needs of all children in the service.

To do this the provider must at a minimum:

- a) Carry out a training needs analysis to identify what training and development is required for each role.
- b) Ensure staff receive the required training and development opportunities to enable them to be competent in their role.
- c) Maintain an accurate record of all staff training and ensure staff undertake the required training within the agreed and required timescales.
- d) Implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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' (HSCS 3.14).

2. By 31 March 2025, to ensure that children's care, learning, and support needs are met, the provider must ensure staffing arrangements are safe and effective.

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

- a) Assess and review children's care and support needs and ensure staff on duty are knowledgeable, skilled and experienced in providing responsive child-centred support.
- b) Ensure staffing arrangements take account of staff knowledge, skills, and experience and that staff are deployed effectively to meet the individual needs of children.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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' (HSCS 3.14).

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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