

Smilechildcare Out of Schools Service Day Care of Children

Edinburgh

Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
Smilechildcare

Service provider number:
SP2003002814

Service no:
CS2010280009

About the service

Smilechildcare Out of Schools Service is registered to provide a day care of children service to a maximum of 40 children of primary school age at any one time. The service is provided by Smilechildcare.

The service is located in the South West of the city in Wester Hailes, near to shops and amenities and has good transport links. The service operates from within Canal View Primary School, and has use of the large dining hall, gym hall, and extensive playground area.

About the inspection

This was an unannounced inspection which took place on Thursday 6 March 2025 between 14:30 and 17:30 and continued on Friday 7 March 2025 between 11:30 and 14:30. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service and some of their families
- considered feedback from 14 families and three staff through an online form
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

Key messages

- The manager was committed to developing the service to meet the needs of children and families.
- Staff were mostly caring which promoted positive relationships, supporting children to feel safe and secure.
- Improvements were required to infection prevention and control procedures.
- Some quality assurance measures were in place and these should be further developed and implemented to monitor practice.
- Personal planning should continue to be developed to ensure children's wellbeing needs are fully considered and met.
- Children would benefit from improvements to the play resources to provide challenge and extend play opportunities.
- Risk assessments needed to be further developed to ensure children's safety and wellbeing is protected.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 as there were some strengths, which had a positive impact, however there were weaknesses with key areas of performance which required improvement.

Quality Indicator 1.1 - Nurturing care and support

Children had developed positive relationships with their friends and were kind to each other. They mostly enjoyed their time in the club. Some children took on buddy roles to support new children joining the club to feel welcome. One parent told us, 'My child is encouraged to help and support the younger children which they really enjoy'. The service should further develop this role. This will help new children to be effectively supported and build confidence, and social skills, of children taking on this responsibility.

The service provided snack, and children brought lunch with them to eat in the club on Friday. Children could choose from a variety of fresh fruit provided. Tables were set up for children to eat and independently access water. This helped children to remain hydrated. At times staff sat with children and engaged in conversations. Not all children were encouraged to sit at the table and were eating their food while walking about and engaging in play. We were concerned the lack of support at meal times could have compromised children's safety. The service was keen to review their routine to ensure children experienced a calm and safe eating experience that enhanced their social interactions (**see area for improvement 1**).

Children had personal plans in place which recorded some information about their likes and preferences. The service had started to develop children's personal plans further to include the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included). There were photographs of children in their personal plans, enjoying different types of play and activities linked to the wellbeing indicators. We discussed with the manager that personal plans could be developed further to help ensure they contained clear information about children's needs and how they were being supported. The service should work proactively with families and other professionals to ensure any strategies to support positive outcomes are being used consistently in the service. They should ensure personal plans are being reviewed with children and their families within required timescales. This would allow supports' in place to be reviewed, to identify development and ensure children's needs are being met. Two recommendations were made at the last inspection in relation to personal plans, and have been incorporated into one new area for improvement (**see area for improvement 2**).

We found medication was being appropriately stored and staff had good knowledge of children's individual medical needs. We found there were some gaps in paperwork, for example forms that were not signed appropriately. We discussed with the manager ways to streamline the paperwork to ensure appropriate signatures were gained and ways to introduce monthly audit checks. This would ensure children were fully supported to receive the right medication at the right time (**see area for improvement 3**).

Quality Indicator 1.3 - Play and learning

Children had access to a variety of resources including board games, drawing and craft materials, and sports equipment for outdoors. We found there was not enough resources to provide stimulating and challenging activities that promoted children's individual interests. Some families that responded to our questionnaire would like more activities and others recognised the limited resources. We suggested they introduced resources that would help children learn to problem solve and work together on projects with their friends.

Children had opportunities to take home the service mascot teddy. The mascot had its own blanket, clothes, hairbrush and toothbrush. This provided opportunities for children to nurture the teddy, encouraging responsibility and allowing them to feel part of the club.

The manager was supporting the staff to develop their knowledge of play types. There were plans to identify any gaps in the types of play being experienced. They should consider any changes in practice, routines, or resources, that could enhance play opportunities. This will allow them to continue to develop their knowledge of how play supports children's learning and development. This would ensure children benefitted from more opportunities that enhanced their learning, physical activity, and fun (**see area for improvement 4**).

The service had started to develop their planning and a floorbook was used to record children's play. We found that planning for play and learning could be further enhanced by staff evidencing where children's voices and interests had led to planned experiences. Planning should be used to support staff to provide more child-led experiences based on children's interests. For example, supporting children to develop their ideas to run weekly clubs or activities based on their interests. Plans should be used to evaluate experiences and identify next steps for children's individual progress. This would give children more ownership of the activities and opportunities available and enable them to have more fun when in the club.

To develop quality play and learning experiences for children, staff needed an increased understanding of child development and guidance documents that underpin their practice. This should include an emphasis on recognising the United Nations Convention on the Rights of the Child (UNCRC) and implementing the Health and Social Care Standards (HSCS). This would allow children to be better supported to achieve and fulfil their potential.

Children were at risk of harm as they could access inappropriate online resources using the service iPad. We found one child was using the iPad unsupervised and could access online material. The service took immediate action to ensure the use of the iPad was supervised and were reviewing the controls to limit access to specific content. Updating the controls and ensuring access is supervised, will help ensure a safe and age appropriate online experience for children (**see requirement 1**).

Requirements

1. By 31 March 2025, the provider must ensure children are protected from harm by controlling access to online materials.

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 state that:

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

Areas for improvement

1. To enable children to benefit from a sociable, safe and enjoyable experience while eating, the provider should review their policy and procedures for meal and snack times. This should include, but not limited to, ensuring quality interactions between staff and children, and ensuring children are safe when they are eating.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

2. To enable children to benefit from care and support that is right for them, the provider should review children's personal plans. They should be meaningful, working documents that support children's care, and include strategies of support and progress made. They should be regularly reviewed with children and families to ensure information is up to date to reflect children's current needs, wishes and choices.

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 protect children's health and wellbeing, the provider should review their medication recording systems. They should ensure all medication has appropriate parental permission and ensure there are plans and risk assessments in place for safe administration. Records should be reviewed at least every three months or at the start of a new term, to check that medication is still required and that requirements have not changed.

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).

4. In order to support children to achieve and have fun, staff should develop the way they plan experiences and play spaces, to support children to enjoy a wide range of play opportunities. They should ensure that children are consulted in this process so it is responsive to their needs and choices. This should recognise children's development and provide appropriate challenge in their play as well as identifying how children can be fully supported to fulfil their potential in the future.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate as there were some strengths, which had a positive impact, however there were weaknesses with key areas of performance which required improvement.

Quality Indicator 2.2 - Children experience high quality facilities

The service operated from the dining hall at Canal View Primary School. They had access to the large outdoor playground, which included a grass area, wooden structure, and woodland area. The position of the dining hall in the school, meant primary school staff and other activity clubs, used it to access other areas in the school. This created a lot of foot fall by adults who not all children were familiar with. The service should work with children to ensure they feel safe and secure in their environment. This would support the service to fully consider children's emotional security.

Children and staff were put at risk due to poor levels of infection prevention and control. Cleaning procedures were not effective, which meant some areas used were not kept clean or well maintained. This did not create a respectful environment for children to play and eat. The provider should ensure they communicate with the local authority, to work together to make the required improvements. These should be monitored and sustained to protect children and staff's health and wellbeing (**see requirement 1**).

Staff asked some children to wash their hands when arriving at the club and some children were reminded to do this before snack. This was not carried out routinely by staff and children needed further support to wash their hands effectively. The service should create opportunities to develop children's understanding of the importance of hand washing. The provider must ensure hand washing procedures are reviewed and improved to prevent the spread of germs (**see area for improvement 1**).

The service had developed daily checklists which helped identify some potential hazards. For example, staff checked tables were clean and fire exits were clear. We asked for risk assessments to be further developed with staff, to support a consistent understanding and introduce control measures to reduce risk. We asked the service to ensure individual risk assessments were completed where required, in consultation with children and their families. This will ensure children's safety is considered and appropriate measures are taken to minimise any potential risks (**see area for improvement 2**).

Children's information was stored securely, and confidentiality was respected. This demonstrated the service's commitment to understanding and following guidelines on data protection.

Requirements

1. By 30 April 2025, the provider must ensure children are being cared for in an appropriate, clean and hygienic environment.

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

- a) ensure cleaning procedures are implemented and regularly monitored
- b) ensure that effective systems are in place to identify and address any unacceptable standards of cleaning and hygiene.

This is in order 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 state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. To protect children's health and wellbeing, and to reduce the risk of the spread of infection, the provider should ensure that effective hand washing measures are in place for children and staff in line with current guidance. Staff should ensure that handwashing is carried out at appropriate times in the day, such as when arriving in the service, before and after eating and when returning inside from outdoor play.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To protect children's health, safety and wellbeing, the provider should ensure risk assessments are developed and working as planned, to support effective practice and maintain a safe environment. These should be clear and easily understood by all people involved in the service. Staff involvement in developing the risk assessments would support this to be a shared approach and impact positively on these being implemented into practice.

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 5.17).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate as there were some strengths, which had a positive impact, however there were weaknesses with key areas of performance which required improvement.

Quality Indicator 3.1 - Quality assurance and improvement are led well

We recognised the managers commitment and dedication to improving the quality of the service and they engaged positively with the inspection process. We discussed how they plan to move forward and develop the service to ensure they are working towards continual improvement. There was an improvement plan in place however we asked the manager to further develop this to be clear on their aims. They should identify next steps and actions planned to support them to meet their goals. This would allow all staff to feel informed and be part of the development.

Some quality assurance processes were in place however there were some gaps that required reviewing. For example, children's personal plans and medication forms had not been reviewed in line with requirements. We discussed that quality assurance processes should identify and address any gaps in practice. For example, poorly cared for environments, infection prevention and control measures, and paperwork reviewed within expected timescales. This would enable children to benefit from a service that was well led and managed (**see area for improvement 1**).

The manager had introduced some self-evaluation processes and included staff and families by asking them to complete questionnaires. We recognised the service had started to use best practice documents to support this. They should now use the information gathered to support improvements and to help evaluate the impact of changes made. They should further develop this to support them to identify their strengths and areas of development in the service, by considering the views and comments of children and their families. This will allow them to develop plans for improvement that meets the needs of children and their families.

The service had policies and procedures in place to promote consistent, safe, and effective practice. We found that practice did not always reflect procedures that were in place. For example, the service medication policy stated monthly checks and records would be kept, however these were not carried out. The manager and staff should review the service policies and procedures, to ensure their practice reflects expectations. This would enable them to comply with relevant regulations and provide guidance and support.

Areas for improvement

1. To improve outcomes for children and ensure that there is a culture of improvement in the service, the provider should implement an effective system of quality assurance to monitor and improve practice.

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?

3 - Adequate

We evaluated this key question as adequate as there were some strengths, which had a positive impact, however there were weaknesses with key areas of performance which required improvement.

Quality Indicator 4.3 - Staff deployment

The provider recognised the importance of ensuring the service was always appropriately staffed. Effective staff deployment at the start of the session, meant children were supervised and supported when being collected from different schools.

The service recognised the importance of following a safe recruitment procedure. All staff that required to be registered with the Scottish Social Service Council (SSSC) had the appropriate registration in place. An induction programme had been developed using the National Induction Resource. This allowed for new staff to be supported during their induction period. This meant children were being cared for by suitable people.

Staff were respectful of one another and were developing their professional working relationships. Some families told us they found the staff to be kind, friendly and professional. At times staff worked well as a team and deployed themselves to ensure children's play was supported. Staff communicated when children moved from indoors to outdoors to ensure they were accounted for. Some children felt well cared for by staff who engaged with them, however, this was not always consistent throughout the session. Some children became frustrated when they had to wait to access the outdoors, and were unsupported due to the lack of organisation of staff responsibilities. We asked the manager to work with staff to create defined responsibilities and to consider how they deploy staff to certain tasks. This would ensure children were respected and their needs valued, and ensure children can access outdoors when required (**see area for improvement 1**).

The manager had a system in place for staff appraisals. This could be further developed by introducing monitoring of practice and supervisions. This would allow the manager to monitor staff practice and provide them with high quality feedback. Staff had engaged with development opportunities but needed more support to understand how their learning could be used to enhance practice and benefit children's outcomes. Clear actions should be identified during the appraisal process so staff are supported to meet their goals and enable them to feel confident in their role. This would support the development of the staff team and enable them to feel empowered to reflect on their practice. Children would benefit as their care would be provided by practitioners who were trained, skilled and able to reflect on their practice.

Areas for improvement

1. To allow children to choose where they spend their time in the service, and ensure effective supervision and quality engagement, the provider should work with staff to identify roles and responsibilities. The manager and staff should take responsibility to identify gaps in staffing to ensure consistent opportunities and adequate supervision and support is available throughout the day.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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

It is recommended that the service review behaviour management techniques and ensure that these are being used consistently by staff to support children's emotional wellbeing and help them to be responsible in the service.

National Care Standards Early Education and Childcare up to the age of 16 - Standard 4 - Engaging with Children

This area for improvement was made on 24 February 2017.

Action taken since then

The service had developed children's personal plans, however they did not contain individual strategies of support.

This area for improvement has been rewritten in line with current standards and has been carried forward in this report. See area for improvement 2 in 'How good is our care, play and learning?'

Previous area for improvement 2

It is recommended that the service review the information in the children's care plans to evidence that these are reviewed in line with legislative requirements and to ensure that staff record information fully to ensure children's safety.

National Care Standards Early Education and Childcare up to the age of 16 - Standard 6 - Support and Development and Standard 14 - Well-Managed Service

This area for improvement was made on 24 February 2017.

Action taken since then

The service had developed children's personal plans, however they were not being reviewed in line with current guidance.

This area for improvement has been rewritten in line with current standards and has been carried forward in this report. See area for improvement 2 in 'How good is our care, play and learning?'

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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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