

St Mary's After School Club Day Care of Children

St. Mary`s Primary School
63 East London Street
Edinburgh
EH7 4BW

Telephone: 07858332256

Type of inspection:
Unannounced

Completed on:
23 January 2025

Service provided by:
The Management Committee of St.
Mary's ASC

Service provider number:
SP2003003115

Service no:
CS2003013338

About the service

St Mary's after school club provides an out of school care service within the grounds of St Mary's primary school. The service operates from a separate building within the grounds, and shares the building with the local playgroup. St Mary's after school club is located within the centre of Edinburgh and has accessible bus routes, parks and green space and a local library. The service is registered to provide a service to 23 children of primary school age.

About the inspection

This was an unannounced inspection which took place on Tuesday 21 January 2025 from 14:15 until 17:45. Returning on Wednesday 22 January 2025 from 13:30 until 17:45. 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 and families using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced nurturing, warm and kind interactions from staff.
- Children were engaged in their play and interested in what was available to them.
- Staff were positive about their role and had positive relationships with children and their families.
- Improvements had been made since the last inspection, with an organised and focussed approach to the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	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 performance impacted positively on children's outcomes and this outweighed areas for improvement

Quality indicator 1.1: Nurturing care and support

Children experienced a warm welcome at pick up from school, staff asked how their day had been and children were happy to see them. A parent described staff as being 'approachable and accommodating' to their family's needs. This let children and their families know that they are valued and cared for.

Personal plans were completed and reviewed termly and held relevant information about each child. Care plans were included in personal plans and parents were encouraged to complete these with their child. This created an opportunity for children to share their preferences with their family and the after school club. Additional support plans had been introduced since the last inspection and were being used to support children's social interactions and emotional wellbeing. For example, staff prepared a child for transitions by giving time for information to be processed in advance. Additional support plans were not yet formally evaluated. Although from discussion, staff were able to explain the effectiveness of strategies of support for each child. We suggested recording specific information about children in additional support plans in order to reflect on the child's progress and development over time.

A rolling snack provided opportunities for children to select their own snack and make choices about what they ate. They enjoyed using the tongs at the counter service area and were familiar with the snack routines and clearing away their plates afterwards. This gave them a sense of responsibility and ownership. Improvements had been made to the organisation of snack so that it was unhurried for children. There were opportunities for children to help prepare and serve snack. Staff praised and thanked children for helping, which made children feel proud and positive about their contribution. The service was in the process of consulting with children about healthy snack choices for the term, this enabled the staff to speak about healthy options and for children to make decisions about the food provided.

The management of medication had improved and was consistent with current guidance. A stepped approach to the administration of medication based on signs and symptoms had been introduced, this meant that children's individual medical needs were cared for, and quality assurance systems were in place to ensure all staff were aware of children's medication needs.

Quality indicator 1.3 : Play and learning

Children were engaged in sustained play through the resources and activities available to them, including decorating biscuits, a pool table and a role play restaurant, in addition to core experiences including drawing, puzzles and books.

Resources were rotated daily offering choice to children based on their interests and staff observations. A child commented that they 'liked the surprise' of the different activities. For example, an office had been set up with laptops, telephones and writing pads. Children developed this play further by turning this into a hotel reception. This meant that children's play and interests were listened to and supported. Staff were engaged, asked questions and gave praise and encouragement, this promoted children's self esteem through play.

The service acted upon suggestions made at the last inspection and used a box of resources for children to play with outdoors. A child had used chalk to draw road markings on the ground and staff provided cones for the wheeled toys to be driven around. Another child had drawn their own snakes and ladders game on the ground to play on with friends outdoors. Staff gave praise and said they would get the large dice for the game. As a result, children had the opportunity to be creative and lead their own play with staff recognising and celebrating their creativity and skills.

Planning systems were in place and linked observations of children's play with the use of photographs to capture the experiences. For example, a group of children used resources to create their own toys, this was extended by a trip to the museum to look at children's toys throughout time. To enhance children's play and learning further the service could consider how to capture children's current learning, and new learning by finding out what children already know, what they would like to find out and what they have learned.

Children benefited from visits to the local parks, library and supermarket. This strengthened children's connection to their local community. In addition children had the opportunity to have special visits to the museum and bowling.

How good is our setting?

4 - Good

We evaluated this key question as good, where performance impacted positively on children's outcomes and this outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

The service operates from a shared space with another service. There is limited storage with furniture and resources that are not shared with the service that are cornered off. Although this does limit space for children to play, improvements have been made since the last inspection to create more floor space. This has included the layout of the room and how activities are positioned. As a result, children have more space to play in. Children benefitted from having access to the shared outdoor area and the fixed resources, including a climbing frame. Children had an allocated planter with plants that they cared for in the car park, this enabled children to care for nature. The service should consider if more plant pots could be introduced into the outdoor spaces used to provide more opportunities for nature play.

The school playground was used at designated times daily for children to access as a group. The playground was also used by other out of school groups which meant that the playground was open for other children to be collected. Staff ensured that regular head counts were taken and children were aware of the rules of the playground, this meant that children was kept safe and were accounted for.

The manager had worked hard to ensure property and maintenance issues raised at the last inspection had been addressed and resolved. This included a new boiler being installed so the room is warm for children. Cupboards and woodwork had been replaced, which supported infection prevention control measures for children. The dusty beams on the ceiling have been cleaned with the help from a parent volunteer. There are aspects of the building that have deteriorated over time through wear and tear, including chipped paint work. However, the management of this has improved and requests for repairs were now recorded in a maintenance log. The positioning of furniture and soft furnishings has minimised the appearance of the building wear and tear, as a result children have a more inviting space to play in. We discussed that the management of maintenance will require a robust approach to address continual issues (**see area for improvement 1**).

Children benefitted from resources that were maintained and worked fully, for example, staff ensured that battery operated equipment worked and children asked when batteries need to be replaced. This meant that staff and children looked after and valued the resources.

Areas for improvement

1. To support children's wellbeing and learning, the provider should ensure that children experience an environment that well maintained and in a good state of repair. To do this the provider should ensure that quality assurance processes continue to be further developed to effectively manage, action and review the quality of the environment.

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).

How good is our leadership?**4 - Good**

We evaluated this key question as good, where performance impacted positively on children's outcomes and this outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

Staff interactions and established relationships with children and their families helped the service to have a positive ethos. Staff had a shared vision of providing children with love and care, this was achieved through valuing children's play, spending time communicating and playing with them throughout the session.

The parent's committee was in the process of establishing roles and responsibilities in response to changes in committee membership. As a result, children benefited from a committee and staff team working together to create further opportunities and improvements.

Parent's views were gathered from questionnaires and were responded to through newsletters and emails. Annual questionnaires provided views on the overall service and specific questionnaires were supporting the development of aspects of the service. For example, parents feedback about snack options led to the staff creating opportunities for children to be part of making choices for snack menu planning. This enabled children to be consulted with about the food they ate and for parents to be involved in the process of improvement.

Quality assurance systems were at the beginning stages of supporting improvement across the service, this included suggestions made at the last inspection and areas for improvement. This has enabled the service to prioritise and record actions and progress made. The service should continue to embed quality assurance systems and use self evaluation to identify further service improvements.

Training courses were discussed and agreed at termly team meetings and during staff appraisals. Team meetings facilitated discussions about improvement planning and had led to changes and improvements being made. Creative approaches have been used to ensure staff have current knowledge of children's needs. For example, informal questions about medication and dietary needs were asked of staff with discussion afterwards. As a result, staff are aware and confident in their knowledge of children in their care.

How good is our staff team?

4 - Good

We evaluated this key question as good, where performance impacted positively on children's outcomes and this outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Staff were warm, nurturing and caring. They worked well together to create a welcoming environment for children and families. This helped to create a positive atmosphere for both staff and children and families.

The service was appropriately staffed, and staff were suitably deployed throughout the session to meet children's needs. They communicated regularly about children's individual needs and when a task took them away from their area, such as supporting toileting needs.

Training was up to date and planned for, including first aid training. The team valued attending training together to provide them with an opportunity to discuss and reflect together as a team. This meant that children were cared for by staff whose knowledge was current and approaches to practice were consistent.

Annual appraisals provided an opportunity for staff to reflect with the manager together. Staff spoke positively about their appraisals and the support they received from the manager. As a result, this strengthened the team approach to the service.

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

Requirements

Requirement 1

By 28 June 2024 the provider must ensure children are cared for in a safe and well maintained environment that promotes their comfort and wellbeing.

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

- a) a maintenance record is in place to report repairs, timescales and followed up to ensure work is completed.
- b) quality assurance processes are further developed to effectively manage, action and review the quality of the environment.
- c) an action plan is submitted to the Care Inspectorate and are kept up to date on the progress of the maintenance work.

This is to comply with Regulation 10(1)(a)(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: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22).

This requirement was made on 14 March 2024.

Action taken on previous requirement

The manager has informed the Care Inspectorate with communications between the service and the local authority regarding property issues requiring repair. Boiler has been replaced and is in a concealed cupboard in the kitchen. Areas of the worktop have been replaced and skirtings in the kitchen have been repaired. A maintenance folder has been set up with a log sheet recording dates, times and completion date. All email communications have been kept for additional record keeping. Ongoing communication with the local authority regarding outstanding work.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To protect children's health and wellbeing staff should be supported to understand and implement effectively current best practice guidance on safe recording and administration of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 14 March 2024.

Action taken since then

Audit of medication has been completed and medical forms have been reviewed and updated with families. A stepped approach has been implemented to detail signs and symptoms of allergic reactions. Staff meetings are used to discuss the management of medication, including administration and the stepped approach.

Previous area for improvement 2

To support children's wellbeing and learning, the provider should ensure that children have access to a comfortable, quiet area to rest and relax. This should include but not limited to, a quiet area with minimal disruptions with clean, comfortable soft furnishings for children to sit and relax on.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSC) which states that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

This area for improvement was made on 14 March 2024.

Action taken since then

Soft furnishings have been introduced to the playroom, giving children comfortable areas to relax. Space has been created to allow for a tent or tent making resources to be available to children daily. This has provided a quieter area for children to relax in.

Previous area for improvement 3

To support children's care, learning and development, the provider should make quality assurance processes more robust. This should include, but is not limited to, ensuring the desired and actual outcomes for any improvements are documented.

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

This area for improvement was made on 14 March 2024.

Action taken since then

The quality improvement plan priorities are based on requirements, areas for improvement and suggestions made at the last inspection. A quality assurance folder has been created to record actions and progress made. Progress has been evident through the management of systems and positive impact on children's experiences.

Previous area for improvement 4

To ensure children are cared for safely the provider should work with the Care Inspectorate to clarify that a legal provider entity is in place. This includes forming and notifying the Care Inspectorate of the committee members, and responding to Care Inspectorate requests for information about this.

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' (HSCS4.23)

This area for improvement was made on 14 March 2024.

Action taken since then

A committee is now in place, made up of parents. There has been one committee meeting including members, staff and parents. The committee members are in the process of establishing their roles and the chairpersons details have been submitted to the Care Inspectorate.

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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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