

SocialBall Kids Day Care of Children

Hermitage Park School
Hermitage Park
Edinburgh
EH6 8HD

Telephone: 01315 640 264

Type of inspection:
Unannounced

Completed on:
27 February 2025

Service provided by:
Social Ball Kids Ltd

Service provider number:
SP2014012269

Service no:
CS2014324599

About the service

Socialball Kids is registered to provide a care service to a maximum of 45 children at any one time of primary school age of whom no more than five may attend over the summer holidays prior to starting school in August.

The manager is peripatetic and is also the manager of the following service:

CS2024000298, Craigy ASC, Craigentiny Primary School, 4 Loganlea Drive, Edinburgh, EH7 6LR.

The service operates from Hermitage Park Primary School, Edinburgh which is located in a residential street with access to transport links and local amenities nearby. The accommodation used by the service consists of the dining hall, toilet facilities and staff have access to a kitchen/meeting room. Children also have direct access from the dining room to the school grounds for outdoor play opportunities.

About the inspection

This was an unannounced inspection which took place on Tuesday 25 February 2025 between the hours of 14:30 and 17:45. We returned to continue the inspection on Wednesday 26 February 2025 between the hours of 14:30 and 17:20.

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:-

- spoke with children using the service
- spoke with staff and the manager
- spoke with several families on their arrival to the service
- observed practice, daily routines and children's experiences
- reviewed documents in the service relating to children's care and the management of the service
- reviewed information sent to us by email from the manager.

We emailed online survey links to the manager to pass onto staff and families for them to give us their views about the service. No responses were received.

We provided feedback to the manager on Thursday 27 February 2025.

Key messages

- Children experienced a welcoming environment and had built up positive relationships with staff.
- Children's personal plans had been developed to support the gathering of the necessary information about their health and wellbeing. 'All about me' information linked to the wellbeing indicators and helped gather information about children's interests and views.
- Children had fun as they were able to choose from a variety of experiences which supported their interests, creativity, imagination and outdoor opportunities. The approach to planning and evaluation should now be formalised and shared with children and their families.
- Further improvements are needed to ensure that regular risk assessment checks of the environment are effectively carried out to support children's health and safety.
- Further improvements are needed by the provider to ensure quality assurance processes are effective to support self evaluation and a culture of sustained improvement.

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?	3 - Adequate
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

Children benefitted from a welcoming and respectful approach from all staff. Children were confident in their environment and had clearly built up positive relationships with staff. This was evident through staff interactions and their engagement with children during their play. Staff also responded to children's requests by providing additional resources and reminded children of the boundaries to keep them safe.

Children's health and wellbeing needs were supported as staff used personal plan information gathered in consultation with families. For example, information about any medical or medication needs, strategies of support and any dietary requirements. Systems had been developed to support the reviewing of information with families and to ensure staff knew the action needed to support children's individual needs. Although there were no children attending with current medication needs, processes were also in place to support the gathering of the necessary information. Children's personal plans should continue to be reviewed in consultation with families a minimum of once every six months. This would ensure that information about children's care and support needs continues to be kept up to date. For example, any changes to medication needs and any links with other professionals.

Children experienced an unhurried and relaxed snack experience which took account of any dietary requirements. Children were able to choose when to have snack and this meant that their play choices were not interrupted. A designated staff member was responsible for preparing snack, serving foods and sat with the children. This provided the opportunity for social interactions, discussions and helped maintain their safety. For example, supporting children to be seated when eating to minimise the potential of choking. Further progress was needed to improve the snack menu, the presentation of the foods and to provide further food choices in line with best practice. For example, although fruit was self served, staff handed children foods directly from the packet. Jam, which had a high sugar content, was also provided on both days of the inspection. Therefore, the area for improvement made in the previous inspection report has not been met and remains in place. (See area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Quality indicator 1.3: Play and learning

Children were able to have fun and lead their own play through a variety of experiences and resources available. These activities promoted children's choice and engaged children's imagination and creativity. For example, construction, arts and crafts, a bead activity, den building and outdoor play. Children also had the opportunity to learn and practice new skills, such as learning chess and making loom band creations. As a result, children were engaged in their play. Children's achievements were acknowledged and celebrated by staff. For example, children could choose to have a photo taken of their den and their creative constructions. Photographs of these were shared with families on their request. We suggested ways to proactively share the photos with children and families, such as floor books, displays or when reviewing children's personal plan information with families. This could also help children to revisit their experiences and learning.

Children's 'All about me' information, discussions and observations helped staff to identify children's interests and the resources they enjoyed such as chess and reading. However, the planning of and the evaluation of the quality of children's play opportunities and experiences were informal. These approaches should be developed to actively involve children in the evaluation of their experiences. This would ensure that the opportunities take into account children's changing interests and provide sufficient challenge or enable them to revisit their learning. For example, children enjoyed reading but books were not always available. Additional loose parts resources would also facilitate further creative den building rather than children taking items from other play areas.

The information about the weekly planning for activities should also be shared with children and their families so they would be aware of what to expect and to enable further suggestions or comments.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 2.2: Children experience high quality facilities.

Risk assessment information and procedures had been developed to help staff assess the environment and support children's safety and wellbeing. However, these were not yet effective to identify issues within the setting. For example, some of the toilet facilities used included no soap, a loose toilet seat and a strong malodour. A consistent approach was needed to help staff check specific aspects of the setting and ensure issues were addressed promptly by the appropriate persons at the start of the session. When children were using the outdoor area, the door was kept open. This affected the temperature of the room and also had the potential to compromise the security of the building. Therefore, the area for improvement made in the previous inspection report has not been met and remains in place. (See area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Children were kept safe as staff worked together to ensure regular headcounts were carried out and recorded. This included taking into account children attending activity clubs within the school and those playing outdoors with staff. This meant that children were accounted for during the session. However, the playground was an 'open' playground which could be used by members of the public. As a result, the gates in the playground were often open during the session. Therefore, to further support children's safety, the system to record which children went outdoors to play should be reinstated. This would help to affirm the location of children and enhance the regular headcount system.

The layout of the indoor resources had improved since the previous inspection. There were clear defined areas for different types of play and experiences which were set up each day. This supported children's choice of where to play. Children's comfort had been considered as there was an area to relax with cushions, rugs and mats. Further consideration of the purpose of some resources and the use of the floor space would help staff to ensure these were quality experiences for children. For example, a number of resources were located on one table top including wheeled vehicles. This space was over resourced and we discussed that children may benefit from some of these being relocated to a comfortable space on the floor. This would support children to be able to use these resources more effectively.

Improvements were needed to handwashing and hand hygiene routines for staff and children. This would support children's health and wellbeing particularly at snack time. Handwashing for staff was in a designated space along the corridor. This meant that hand gel was used as there were no facilities accessible in the dining hall.

However, there was not a consistent approach to this by all staff during snack and when handling foods. Children were asked to wash their hands before snack, but this was not supported or monitored by staff to ensure this was being carried out effectively. For example, as outlined, there was no soap in one of the toilet facilities. Handwashing had been highlighted in the previous inspection report and this had not been progressed. Therefore, we have now made an area for improvement. (See Area for Improvement 1).

The welcome board which displayed the certificate of registration and insurance information was located in the corridor that families could not access. This had been highlighted in the previous inspection report and action had not been progressed. We discussed that when families arrive at the setting, they should be able to view information about the service.

Areas for improvement

1. To ensure children's health and wellbeing, hand washing and hand hygiene procedures should improve for both children and staff.

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)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvement are led well

There was a shared vision, values and aims for the service which helped inform staff practice. However, further opportunities for staff to reflect on their practice and their knowledge of best practice guidance should be provided. For example, more regular team meetings and times for the manager to be able to lead by example in the setting. This would help support a consistent approach to staff practice and help continue to improve children's experiences.

Quality assurance processes had been developed but these were not yet fully effective to identify areas for improvement, assessment of staff practice and ensuring the use of best practice guidance. For example, snack menus, staff observations, self evaluation processes and risk assessing the environment. Therefore, the area for improvement made in the previous inspection report has not been met and has been restated (See area for improvement 5 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The manager planned to use an external self evaluation document to help identify what was working well in the service and to identify areas for improvement. The progression of this would help the service to build on their strengths and address the elements identified to improve positive experiences for children. This would then help to inform their development plan. We discussed that as part of the quality assurance processes, the areas for improvement identified in the previous report should be progressed and sustained. This would demonstrate that the manager and staff have increased their knowledge and understanding to support a consistent approach to improving children's experiences.

Although regular newsletters were shared with families, further action was needed to routinely provide opportunities for children and their families to give feedback about the service and influence changes. For example, snack suggestions and about the activities on offer. As highlighted in the previous inspection report, any action taken by the service as a result of feedback, should then be shared with families. This would demonstrate that their views were valued.

Positive relationships had been built with some families and discussions took place on their arrival to the setting. However, not all families had the opportunity to engage with staff when they arrived and visual information about the service was not accessible. For example, the welcome board had not been progressed to share relevant information including the activities, snack menu, staff in attendance, insurance and registration certificates. This had been highlighted in the previous inspection report.

Children were safeguarded as staff safer recruitment procedures had improved and were in line with best practice. This meant that staff were now employed after all the necessary checks were completed. Induction processes, also ensured there was a consistent approach for staff knowledge and learning about their roles and responsibilities in the setting.

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

The majority of staff knew the children in their care well and newer staff were building up positive relationships with families. All staff were respectful and caring in their approach. As a result, children involved staff in their play, discussions and also approached them for support when needed.

The approach to staffing had improved as additional staff were now employed in the setting. This meant that staff were available to respond to children's needs and interests during the session. The staff team had a variety of experiences, knowledge and skills. This helped them to work well together to support some of the roles and responsibilities expected of them. For example, the setting up of the play areas, working in set areas and supporting new staff. The ongoing quality assurance processes including observations will help the manager to assess staff practice and the effectiveness of their deployment. For example, identifying any gaps in staff knowledge and the support needed to ensure procedures were followed effectively. This would ensure children's experienced a consistent approach.

The manager was peripatetic and had responsibility for another service. This meant that although contactable, they were not on site every day. Staff also worked different days throughout the week. The daily staffing information was not shared with families which we had highlighted in the previous report. Sharing this information would help ensure that families know who is caring for their child each day and who to speak to on site in the absence of the manager. This would minimise the potential for any missed opportunities for discussions or questions in relation to children's care and support needs.

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

Requirements

Requirement 1

By 31 March 2024, to ensure children's health and wellbeing, the provider must ensure that children's personal plan information is kept up to date and contains the necessary information. Personal plan information must reflect children's individual care needs and outline any specific strategies to support their wellbeing. Personal plans must be reviewed with families at least once in every six months. To support improvements, we provided a copy of the document 'Guide for providers on personal planning.' (Care Inspectorate 2021).

This is to comply with Regulation 5 (2) (a) (b) Personal Plans 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 my 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).

This requirement was made on 2 February 2024.

Action taken on previous requirement

Children's personal plan information was completed online. The manager outlined that families were asked to review and update their child's information every six months. A reminder was issued to families and records of these reviews were recorded online. 'All about me' forms had been developed to support the gathering of information about children's interests and their views which were linked to the wellbeing indicators. A paper copy of the overview of key personal plan information was held to ensure staff had access to significant information in the event of the online system not being accessible.

Met - within timescales

Requirement 2

By 28 February 2024, to ensure children's health and wellbeing, the provider must ensure that medication information is clearly documented for all children with known medication needs. Documentation must clearly outline how children's individual needs are to be supported including any emergency measures to be taken. To support improvements, we directed staff to the document 'Management of medication in daycare of children and childminding services. (Care Inspectorate 2014).

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:

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

This requirement was made on 2 February 2024.

Action taken on previous requirement

Medication information was documented on line as part of children's personal plan information. The medication system had been developed and now included the completion of a flow chart. This outlined the strategies of support for children's medical or medication needs and the action to be taken by staff.

There were no children currently registered that had any medication needs.

Met - within timescales

Requirement 3

By 31 March 2024, to ensure the safety of children, the provider must ensure that safe recruitment processes are carried out and completed prior to staff starting their employment in the service.

This is to comply with Regulation 9 (1) and (2) (Fitness of Employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I am confident that people who support and care for me have been appropriately and safety recruited (HSCS 4.24)'.

This requirement was made on 2 February 2024.

Action taken on previous requirement

Recruitment processes had improved. Information was recorded online and demonstrated that safer recruitment processes were completed prior to staff starting employment.

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 support children's safety, health and wellbeing, the provider should ensure that the snack routine is improved. This should include staff sitting with children to support social interactions, the presentation of foods and ensuring children are seated when eating.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.'
(HSCS 1.37).

This area for improvement was made on 2 February 2024.

Action taken since then

Staff sat with children and this supported safety and social interactions. However, further improvements were needed to the snack routine. This included ensuring that the snack menu was in line with best practice and the presentation of foods supported independence.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support children's choices and engagement, the provider should ensure that play and learning opportunities and resources are improved and effectively planned for. These should be reflective of children's interests and encourage their imagination and creativity. This should include children's indoor and outdoor experiences.

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 can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

This area for improvement was made on 2 February 2024.

Action taken since then

Children were able to have fun and choose from a variety of experiences and resources including outdoor play. Staff used informal discussions and 'all about me' information gathered from children to support the set up of the activities each day. As a result children were engaged in their play.

This area for improvement has been met.

Previous area for improvement 3

To support children's safety and wellbeing, the provider should ensure that daily risk assessments of the environment and resources are effectively carried out. Any issues identified should be reported to the appropriate persons. Any action taken as a result should be clearly documented.

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).

This area for improvement was made on 2 February 2024.

Action taken since then

Risk assessment documentation had been developed for the service. An online form was also completed each day to affirm that this had been carried out and any issues reported.

However, the risk assessment processes were not yet effective to identify issues and for these to be reported timeously in order for the appropriate action to be taken. For example, issues were identified with the toilet facilities and the security of the entrance door.

We have outlined the action to be taken under the section How good is our setting? in this report.

This area for improvement has not been met and remains in place.

Previous area for improvement 4

To support children's safety and wellbeing, the provider should develop systems to support regular headcounts of children and to ensure that staff are clear on children's location throughout the session.

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

'If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me' (HSCS 3.23).

This area for improvement was made on 2 February 2024.

Action taken since then

Headcounts took place throughout the session and this was recorded on the register. This helped ensure that children were accounted for.

This area for improvement has been met.

Previous area for improvement 5

To improve outcomes for children and ensure that there is a culture of continuous improvement, effective quality assurance processes including self-evaluation should be developed to monitor and assess the service in line with best practice and legislation.

This is to ensure care and support is consistent with the Health & Social Care Standards 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 2 February 2024.

Action taken since then

The quality assurance processes, were not yet effective to support a culture of improvement. Areas of improvement made in the previous report were still to be progressed. Action was also needed to address issues that had also been reported on in the body of the previous report. For example, infection, prevention and control measures and the security of the building.

This area for improvement has not been met and remains in place.

Previous area for improvement 6

To support children's health, welfare and safety needs, the provider should ensure that suitable staffing levels are maintained at all times. The approach to staff deployment should be consistent and take into account children's choices, interests and their individual support needs.

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

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 2 February 2024.

Action taken since then

The approach to staffing had improved. There was consistent staff team with varied levels of qualifications and experience. Qualified staff were in attendance each day. Staff training further supported their knowledge to safeguard children in their care. New staff were supported in the setting and training was planned for to support their knowledge of best practice.

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?	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?	4 - Good
4.3 Staff deployment	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.