

Robert Gordon's College After School Club Day Care of Children

Robert Gordon's College
Schoolhill
Aberdeen
AB10 1FE

Telephone: 01224646346

Type of inspection:
Unannounced

Completed on:
28 February 2025

Service provided by:
Robert Gordon's College

Service provider number:
SP2003003559

Service no:
CS2009216635

About the service

Robert Gordon's College After School Club is located within Robert Gordon's College in Aberdeen. The club is provided from the school dining hall and children have direct access to the outdoor playground. The service is in close proximity to local shops and amenities.

The service is registered to provide a care service to a maximum of 100 children at any one time, with no more than 40 attending breakfast club. The service operates between 07:00 and 08:15 and 15:05 and 18:00 Monday to Friday during term time.

About the inspection

This was an unannounced inspection which took place on 24, 25 and 26 February 2025 between 14:30 and 18:00. 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:

- spent time with children using the service and spoke to seven of their parents/carers
- received 30 responses to our request for feedback from parents and staff via our online questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were confident and had fun while they played after a busy day at school.
- The environment allowed children to make choices about where they wanted to spend their time.
- Personal plans should be developed as a matter of urgency to support children's progress and contribute to their needs being met.
- Quality assurance and self-evaluation processes were not yet effectively impacting on the quality of children's overall experiences and outcomes.
- Staff were not always recruited using safe staffing guidance.
- The lack of experienced staff meant that children's needs were not well identified.

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? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| 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. As these weaknesses concerned the welfare and safety of children, we made a requirement and an area for improvement.

Quality Indicator 1.1: Nurturing care and support

Children were confident and happy to attend and play in the setting. They were familiar with key routines and told us they liked playing with friends. Some children were keen to talk to us and tell us about what they liked to do or show us around the setting. Children were greeted warmly by staff which helped to support positive relationships. Wherever possible familiar staff were allocated to key primary groups for collection time. This meant that children were often pleased to see staff who collected them from their classroom and felt comfortable as they headed to the club.

Relationships between staff with children and families could be further developed. Children were not supported by staff who knew them well. Some staff did not know children's names and children were not always familiar with names of staff. This did not promote children to feel valued, safe and respected. One parent commented their relationship with staff was "Good but passive, and staff would seldom chat during pick-up." Some parents we spoke to were unsure of who new staff were but would ask if they needed to. At times, staff were task-focused throughout the session. For example, staff began tidying away resources when children were still keen to play with them. This led to missed opportunities for nurturing interactions and enhancing children's experiences.

Children's wellbeing and development was not supported by effective personal planning. Most children had basic personal plan information; however, these were not detailed enough to fully identify and support the needs of children. The manager had identified the need for Getting it Right for Every Child wellbeing indicators to be used to support children, but this had not yet been actioned. When considered together, wellbeing indicators give a holistic view of each child. Personal plans did not include children's views, and input from parents was not actively encouraged. This meant there was insufficient information to support staff to identify meet children's needs and interests. As a result, children did not receive personalised, consistent care. Staff did not have the knowledge to respond quickly and sensitively to the needs in a child's life. This was an area for improvement at the previous inspection, which has not been met (**see requirement 1**). (**See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report**).

Children enjoyed having a calm and peaceful snack on arrival to the club. They were familiar with the routine, and all washed their hands before eating. Children had some opportunities to be independent. This helped support life skills and confidence. They were able to choose from a variety of healthy snack options, which were communicated through a visual menu. At times, staff supervising snack were task oriented and did not spend quality time with children. Children would benefit further from staff sitting with them at snack, to encourage positive relationships and more sociable mealtimes.

We found medication was stored securely and reviewed regularly for each individual child. Procedures for storing consent and administration forms were not consistent. For example, there was a discrepancy regarding the authorised dosage of a child's medication which differed from the label. We addressed these with the manager during the inspection. They took immediate action to ensure medication records were completed, filed accordingly and contained correct information.

Staff had an understanding of their role in keeping children safe and the procedure to follow should they have any concerns. Child protection training was undertaken by staff annually to keep their knowledge up to date. We suggested that the manager undertakes additional training to help support them in their future role as child protection co-ordinator. We discussed how the use of chronologies should be embedded within the service. These would capture significant events in children's lives and actions taken to support children's overall wellbeing.

Quality Indicator 1.3: Play and learning

Children were able to make some choices about their play. They had the freedom to decide where and what they played with and how they spent their time. There were some resources accessible for children, such as board games, construction kits and crafts activities. Children told us they were also able to ask staff for resources from the cupboard, which we saw staff supporting with. Most children were busy and explored the different areas of the setting both independently and with their friends. Some children enjoyed different experiences such as craft, construction, dressing up and role play. One child told us, "I like that I can do my homework but still have time to play." This showed that children valued the different opportunities that were available to them.

Children were able to access outdoors daily, for most of the session. Many children chose to spend time in the playground. They took part in different sports activities with staff such as football, tennis and skipping. Children were able to use the open space to play games and be energetic. Most parents told us their child had the opportunity to play outdoors. They commented, "There is always a variety of ball games/skipping/imaginary games." This meant that children were able to regularly take part in active outdoor play which supported them to be healthy and develop different physical skills.

Children could be further challenged within their play. There was further scope to extend children's opportunities and experiences. A few staff successfully supported children who needed direction to be involved in play. Whilst some children were confident in asking staff to join them in their play, these opportunities were not always well used to extend children's experiences and build on their interests. Observations of children's play were not consistent or effective in promoting children's learning. This meant that children were not always challenged or stimulated by their experiences. We discussed ways to promote further extension of opportunities and experiences with the manager and leadership team **(see area for improvement 1)**.

Some play experiences could be further developed to support children's natural curiosity and creativity. The service had identified the need for further open-ended resources, such as loose parts, and were considering how this could be implemented to enhance children's experiences. Children told us they were able to ask for different resources from the cupboard, which we observed staff supporting with. Resources were set out for children, such as board games and construction toys, in large storage boxes. We highlighted that these could be presented more invitingly, to act as provocations for play and prompt children's interests and curiosity.

Individual learning passports, to gather children's views and preferences, were in the early stages of development. The manager told us that these would be used to support staff in gathering information about children's interests. The team should begin to embed these, with children's input, to meaningfully involve them in planning experiences. This would help promote children's interests and identify support strategies to encourage children to reach their full potential.

Requirements

1. By 16 May 2025, the provider must ensure that children's care and wellbeing needs are met through the implementation of effective personal planning.

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

- a) All children have a personal plan which sets out what their needs are and how these will be met.
- b) Staff are familiar with the information and use this to effectively support children.
- c) Personal plans are reviewed in partnership with parents or carers, and children where appropriate, at least once every six months, or sooner if required.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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).

Areas for improvement

1. To promote and extend children's play and development, the provider should ensure that all staff have confidence, knowledge and skills to facilitate a wide variety of experiences and play opportunities.

This should include, but is not limited to:

- a) Ensuring staff interactions support and extend children's learning and development.
- b) Ensuring children are supported to use their curiosity and be challenged.
- c) Ensuring observations and assessment supports and enhances good quality play opportunities and 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 have fun as I develop my skills in understanding, thinking and investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our setting?

3 - Adequate

We evaluated this key question as **adequate**. Whilst we identified some strengths, these only just outweighed weaknesses

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in an open plan dining hall with direct access to the outdoor playground. The area was bright and well-ventilated with ample space to engage in a variety of play experiences. There was a cosy area for children to rest, with some bean bags and a rug. A noticeboard containing key information for families was placed at the entrance, which helped keep people informed about the service. We identified the overall area could be further developed, such as involving children in having more opportunities to display their artwork and creations throughout the environment. This would support children to develop a sense of ownership and belonging within the setting.

Some spaces were set up for children in a way that met their interests and needs. During our visit, children particularly enjoyed crafting and role play. There were limited opportunities for children to be naturally curious and problem solve. We discussed the benefits of adding in more real-life resources such as clocks, measuring tapes and scales throughout the setting. The addition of open-ended resources would support children to use their imagination and creativity. This would allow children to further develop their confidence and skills across different areas of learning (**see area for improvement 1**).

Risk assessments were in place which contributed to minimising risks for children. This supported a safe environment, both indoors and outdoors. These could be further developed through involving staff and children, where possible, in reviewing and updating the information. Consideration could be given to the benefits of experiences, as well as risks. This collaborative approach would support staff in understanding their role within these and further develop children's awareness and management of risk.

Children were supported to be healthy and safe through effective infection, prevention and control practices. Staff wiped down surfaces before and after activities and encouraged children to wash their hands at key times. This helped keep children safe from the potential spread of infection.

Arrangements for security within the setting had been considered. A staff member was on rota to be at the main desk, focused on where children were as they moved between areas. This meant that children's safety was carefully managed, and they remained accounted for at all times.

Areas for improvement

1. To ensure children have regular experiences which supports their curiosity and creativity, the provider should ensure that resources reflect children's current interests and stages of development.

This should include, but is not limited to:

- a) Children have opportunities to engage in a range of interesting and stimulating play experiences.
- b) Play spaces are organised and well-equipped with a wide range of toys, resources and materials.
- c) Children can access a range of open-ended, real life materials within their play, to enhance learning opportunities.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as **adequate**. Whilst we identified some strengths, these only just outweighed weaknesses

Quality Indicator 3.1: Quality assurance and improvement are led well

The setting had aims and commitments in place. These were shared with parents through newsletters. Staff practice was not yet consistently meeting these and we suggested that these be used as part of staff self-evaluation practices (**see area for improvement 1**).

Quality assurance processes were not yet effectively impacting on the quality of children's overall experiences and outcomes. Some work had been completed, such as the auditing of accident and incidents to identify any patterns of concern, and the auditing of children's long-term medication. However, this was not enough to fully identify significant areas of development across the service. An action plan was in place, but this did not address many of the areas of improvement we have raised throughout the report. We discussed with the leadership team ways in which this could be improved (**see area for improvement 1**).

There were limited opportunities for families and children to be involved in developing the service. Some parents who returned our questionnaire told us they did not feel involved in the development of the club. Others told us they would be happy to approach staff should they have any suggestions. Some opportunities had been introduced to gather the views of children attending the service. Web maps were used to gather children's thoughts and ideas on areas. This included what crafts they would like to make, what they enjoyed playing at club and what loose parts would they like added to resources. This approach was in the early stages, and we discussed how it could be further be enhanced by giving feedback to children on how their ideas had been used (**see area for improvement 1**).

Staff were in the early stages of using self-evaluation to improve practice through discussions at team meetings. Staff have begun to identify strengths and areas for improvement, using 'A quality framework for daycare of children, childminding and school-aged childcare' guidance. Self-evaluation work should continue to be embedded into staff practice. We discussed with the leadership team ways in which staff could be supported to understand the link between self-evaluation and the impact on outcomes for children (**see area for improvement 1**).

Areas for improvement

1. To ensure there is a strong ethos of continuous improvement which enhances the delivery of high quality practice the provider, manager and staff should:
 - a) Ensure children and families are meaningfully involved and influence changes within the setting
 - b) Ensure quality assurance, including self-evaluation and improvement plans lead to high quality care and support

c) Ensure children, families and staff are meaningfully involved and influence change within the setting.

This is in to ensure care and support is consistent with the Health and Social Care Standard which state; 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (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.

Quality Indicator 4.3: Staff deployment

A large proportion of the staff team were relatively new to their role, with many new to a role in childcare. The manager was confident in telling us about the service, and fully engaged with the inspection process. Along with the provider, they were responsive to any suggestions we made throughout the inspection. This demonstrated their commitment and drive for improvement. The staffing model for the service was based around employing a high volume of students and those undergoing further study. This created high staff turnover each year. We asked the provider to consider how their staffing model ensures new staff are skilled, mentored and supported to carry out the role expected of them.

Deployment of experienced staff was not effective to ensure high quality outcomes for children. While some positive approaches were in place such as allocating familiar staff to key primary groups, this was not enough to provide children with consistent care. There was enough staff on duty to meet the suggested minimum adult to child ratios. They did not all have the skills and experience to identify and meet the needs of individual children. There was a high number of unqualified and inexperienced staff. This meant there was not always knowledgeable, skilled staff to ensure high quality care. Many staff were not familiar with how to engage with children during their play in a meaningful way. This resulted in some staff being unsure what to do. Most interactions between staff and children were not engaging enough to promote the wellbeing and development of children. As a result, staff did not know children well enough and did not identify and meet their needs (**see requirement 1**).

Recruitment of staff did not meet best practice guidelines. We looked at recruitment information and found in most cases, references for new staff had not been provided. This meant that there was a potential for staff who were not suitable or skilled for the role to be employed (**see requirement 1**).

The staff induction was not robust enough to mentor both new and existing staff. New staff spent planned time with the manager to go over key policies and procedures. However, this was not enough to ensure staff had an understanding of how to carry out their role. A lack of mentorship meant that new staff were not always coached or informed of good practice. This meant that staff did not learn the skills needed to carry out their roles and responsibilities. As a result, children were not well supported. We discussed with the leadership team potential ways this could be implemented and resources that could be used. Some core training for staff had been put in place. All staff had completed child protection training and were aware of steps to take if they had any concerns about a child's welfare. Most staff were due to complete or update their practice by completing a paediatric first aid course. Not all staff had up to date training in food hygiene or infection control. This potentially impacted on how well staff could be deployed to meet the needs of children. At the time of publishing this report, we were advised that all staff had completed the relevant training (**see area for improvement 1**).

Staff were familiar with the need to regularly communicate. They used walkie talkies to ensure they knew where children were when moving between indoors or outdoors to play, or when parents arrived to collect their child. This helped keep children safe. Rotas were in place to help staff undertake and supervise times such as snack, outdoors, craft and homework. Staff often crossed over duties throughout the session. Due to the varied skills of staff and the lack of mentorship, this did not always provide children with consistent and effective care. Staff told us they enjoyed working at the setting and liked working with the children. Some staff spoke about feeling happy in their role and how they felt very positive to be part of the team. This helped to support a positive ethos within the staff team and will support future improvements.

Requirements

1. By 16 May 2025, the provider must ensure that children's care 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) ensure staff are recruited following safe and best practice guidelines.
- b) ensure there are sufficient staff on duty with the required knowledge, skills and experience for their role they are required to perform.
- c) ensure staff are deployed effectively to meet the individual needs of children throughout the day

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).

Areas for improvement

1. To ensure staff have the skills to meet the wellbeing and learning needs of children the provider, manager and staff should ensure that an effective induction and monitoring system is in place that effectively supports staff to meet the standards expected of their role and responsibilities.

Staff should undertake basic core training, such as: child protection, paediatric first aid, food hygiene and infection control, and use these to support children.

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).

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

The provider and manager should ensure that personal plans are in place for all children and include meaningful information to allow staff to meet the needs of children. These must be reviewed and update at least every six months or sooner when appropriate.

This ensures that high quality care is consistent with the Health and Social Care Standards which state that "As a child 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).

This area for improvement was made on 19 October 2018.

Action taken since then

Personal plans contained basic information which did not support staff in meeting the needs of children. These had not been reviewed and updated at least every six months, which meant that most information was out-of-date and did not reflect children's current needs and preferences. This had the potential to impact on the consistency and quality of care for children. This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

Previous area for improvement 2

The provider and manager should ensure that the correct guidance is followed when managing children's medication needs and is reflected in staff practice.

This ensures that high quality care is consistent with the Health and Social Care Standards which state that "As a child I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

This area for improvement was made on 19 October 2018.

Action taken since then

An effective system had been put in place to support staff in managing children's medication needs, in line with 'Management of medication in daycare of children and childminding services' guidance. Securely stored individual medication contained key information to support safe administration. Monthly audits of medication supported children's wellbeing.

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? | 2 - Weak |
| 1.1 Nurturing care and support | 2 - Weak |
| 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? | 2 - Weak |
| 4.3 Staff deployment | 2 - Weak |

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.