

# St. Charles After School Care Service Day Care of Children

13 Kelvinside Gardens Glasgow G20 6BG

Telephone: 01419 461 391

Type of inspection:

Unannounced

Completed on:

12 December 2022

Service provided by:

Maryhill Mobile Children's Services

Service provider number:

SP2003001275

**Service no:** CS2019376654



## Inspection report

#### About the service

St. Charles After School Care Service provides a day care of children service to a maximum of 30 children attending primary school.

The service is provided by Maryhill Mobile Children's Services and operates from the dining hall of St. Charles Primary School within the west end of Glasgow. There are toilet facilities for children and adults plus plenty of allocated storage space for the service resources. Children also have access to the school gym hall and two enclosed playgrounds where they can participate in energetic play.

## About the inspection

This was an unannounced inspection which took place on Monday 5 December 2022 between 15:00 and 17:30. We returned on Wednesday 7 December 2022 to continue the inspection. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with six of the children using the service and reviewed email feedback on the quality of the setting received from two parents whose children attend the service
- reviewed feedback from the school in which the St. Charles After School Care Service is based and who work with service staff to support positive outcomes for children
- spoke with the service provider, manager and three staff
- observed practice and staff interactions with children
- reviewed documents.

## Key messages

- Children experienced nurturing interactions from staff, which contributed to them feeling valued and safe.
- Children led their own play, promoting choice, inclusion and responsibility.
- The new format for children's personal plans had potential for ensuring children enjoyed appropriate support for their development and progress.
- To support children's safety and wellbeing, management and staff should risk assess the outdoor play environment.
- Staff worked well together, providing positive role models of respectful relationships for children.

## 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 both quality indicators within this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

#### 1.1 Nurturing care and support

Children were cared for in a friendly, nurturing environment where they were supported to develop their interests and friendships. Responsive staff interacted positively with children and clearly knew their personalities, needs and interests well. Staff modelled and supported kindness to each other, which helped children understand about building friendships and respecting the boundaries of others. Treating children with warmth and respect ensured their emotional wellbeing was supported. Health and wellbeing was the service's main improvement priority, in order to aid the recovery of everyone's mental health post pandemic.

Parents confirmed that where children required additional support, staff were working with families to ensure they understood children's unique personalities and preferences. Staff had worked with colleagues within the school to share strategies that would help children reach their full potential. Staff had also participated in training on appropriate strategies to support children's individual needs, such as autism training that promoted a better understanding of effective communication and the use of sensory play materials with children.

Although no children currently required medication while attending the setting, there had previously been training on the administration of emergency medication and staff had recently updated their paediatric first aid training. These measures contributed to children's health, safety and wellbeing. Procedures for the storage and administration of medication were in place and in keeping with best practice. Children were further protected from potential harm as staff were confident and knowledgeable about child protection procedures, including which officers to report to if concerned for a child's welfare.

The setting had personal plans in place for each child but we could see that a new format was in the process of being developed and piloted. The new format included a key worker approach that would help ensure continuity in children's care. A key worker is a named member of staff who is assigned responsibility for a small group of children, tuning in to their play and helping them to build attachments. They are also the point of contact for parents, sharing information and building relationships with the family so that everyone feels their contribution to children's care is included and valued. It was too early to assess the impact of the new format of personal plans therefore the manager and staff should continue to embed and evaluate the approach. This will let everyone see how personal plans are an effective tool for staff to support children's care, learning and development. We encouraged the management team to ensure that appropriate systems were in place to monitor the content of children's personal plans to ensure consistency in how staff completed these and that they meet legislative requirements. Our guidance on the HUB can assist with this task: 'Guide for providers on personal planning: early learning and childcare' (Care Inspectorate, November 2021).

#### 1.3 Play and learning

The setting had a happy atmosphere and children were having fun, purposively engaged in play of their choice. We observed lots of child centred play where older children were helping younger or less able peers

to find materials to extend their ideas. One parent had told us that, "My daughter enjoys it a lot. There are many games to play (some physical activities) and a lot of arts and crafts things she loves to take part in."

During our visit children were getting ready to celebrate Christmas and had independently put on music to match their mood. They were keen to point out the arts and crafts trolley to us, which they were using to create paintings and decorations. Children knew where additional resources were stored and through the Children's Committee were involved for choosing new resources that would meet their current interests. We discussed with management how children could be given more responsibility through helping to create a catalogue of what games, toys and books were available within the setting. This would also contribute to new children feeling welcome and included.

Staff had playful dispositions and showed a genuine interest as they joined in children's play, knowing when to step back or intervene to help with conflict resolution. Planning approaches were responsive to children's interests. Floor books and mind maps helped children feel listened to, to express their ideas and to want to learn more about topics of interest to them. Staff encouraged children to participate in evaluating activities they had enjoyed, this informing future planning. This helped children develop their problem-solving skills, awarding them a sense of achievement. The new 'all about me' format will contribute to children being involved in planning more challenging play activities. The manager agreed it would be beneficial to support the staff team to continue to develop skills and confidence in extending children's play through meaningful conversations.

## How good is our setting?

4 - Good

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

#### 2.2 Children experience high quality facilities

The service was safe, secure, and welcoming for children who were very familiar with the layout of the accommodation. The service was based within a primary school in an urban area and mainly used the dining room and playgrounds, although children had additional access to the school gym to promote active play. The school was also happy to share resources, such as the microphone and staging in the gym to enhance the quality of children's experiences. Staff were creative and flexible in the organisation of space, for example they routinely removed additional trestle tables out so that children had freedom to move around their room. Tables and floor space were being used by children to enjoy different types of play alone or in groups as they learned about sharing and turn taking. On the first day of inspection we highlighted that we would have liked to see more cosy areas where children could relax. Staff could show us where soft furnishings were stored but had not been brought out that day due to children's preferences. They agreed that this should be provided routinely, and we observed on our return visit that a cosy area was being used by children for some quiet time, supporting their emotional health.

Children told us about what else made the setting homely and a comfortable place to be. They enjoyed the food options for snacks, such as crackers, cereal, noodles and fruit. On the first day this had been set up as a snack bar with a member of staff serving the children whenever they felt hungry. Staff agreed that children would benefit from being more involved in the preparation and serving of snack so that they were being independent and learning life skills. This had been common practice prior to the pandemic but then restrictions were put in place regarding the sharing of food and serving utensils, which could now be eased. When we returned snack time was a more sociable event with children sitting around a table and spreading butter on their own pancakes. This practice supported them to feel responsible and included.

## Inspection report

The service was using community spaces, such as parks and wooded areas to widen children's experiences. As a result children enjoyed a good mix of activities and physical play outdoors when they could be active and adventurous. The two school playgrounds were safely enclosed and had safety surfaces to minimise injury to children. Children had the use of the school's loose parts but the service also had a container to keep their own resources in such as parachutes and balls. Staff explained how they risk assessed these areas, placing a tyre where they found there to be a hazard and encouraging children to be alert for new risks. We suggested that using tyres in this way prevented children from using them more imaginatively in their play. We were particularly concerned about the larger playground where several wooden pallets were smashed and splintered with the sharp ends of nails sticking out. We acknowledged that both the service provider and the school had repeatedly requested that the council arranged for the hazardous items to be removed. However, in the meantime there should be a more robust risk assessment to keep children safe. For example, restricting outdoor play to the smaller playground. (See area for improvement one.) We also discussed with staff how children could be more meaningfully involved in risk assessments. This would help children to develop analytical skills as they took responsibility for keeping themselves and others safe.

We were generally satisfied that the indoor environment had appropriate risk assessments in place that included infection prevention and control. There was a system for reporting any maintenance issues to the school janitor, who usually addressed these straight away or logged for the attention of external trades people. The janitor was also responsible for checking children's toilets, and we found these areas to be clean and hygienic. These measures contributed positively to everyone's health, safety, and wellbeing.

#### Areas for improvement

1. The service provider should work with the manager and landlord to provide assurance that children's outdoor environment is safe. Priority action should be given to the removal of broken pallets and effective risk assessments of the main playground being in place.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.124).

## How good is our leadership?

4 - Good

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

#### 3.1 Quality assurance and improvement are led well

This was the first inspection for the service, which had registered at the beginning of the pandemic. The service provider promoted a shared vision for all their early learning and childcare services that reflected the childcare needs of the wider community. This was set out in the improvement plan and helped staff understand the core values of meeting the needs of children and families. Each service had its own aims and priorities and in our discussions with the manager and staff it was evident that they were committed to making improvements to the quality of the service. They all engaged well with the inspection process and responded immediately to any advice or suggestions given.

One of the setting aims was to value and work together with children and staff to create a caring and supportive environment. Staff felt supported and nurtured by management. The manager was approachable, they believed their ideas were respected and monitoring of staff practice was in place. The new manager had brought a revised system that would need to be embedded before impacting on positive outcomes for children. For example, there was scope for more leadership roles so that staff could take responsibility for self-evaluation, thus providing opportunities for professional development. We directed the manager to the challenge questions from 'Realising the Ambition: being me' (Scottish Government, 2020) this can help staff reflect on their practice with children and identify their strengths or where improvements could be made.

Children were regularly consulted using mind maps and floor books, contributing to them feeling included in decision making. Children took leadership roles through involvement in the Children's Committee and there was potential for this to expand as more children register with the setting. We acknowledged that staff were evaluating children's activities although found there could be more explicit links with the policy and guidance that underpinned practice so that everyone could see how positive outcomes for children were planned for and evaluated. The vision was to also involve parents meaningfully in self-evaluation of the setting but it was not yet evident how findings from consultations with them would be incorporated within the self-evaluation cycle. This would help them feel their views were taken seriously and respected by management. Two parents who gave feedback about the quality of the setting believed communication was already a strength and praised the staff approach to keeping them informed. One commented, "Communication with the setting is very professional and I receive daily feedback regarding my child everyday from staff which is very much appreciated."

The service provider, manager and staff should continue to consolidate quality assurance processes underpinned by best practice guidance. This will assist them in monitoring and maintaining their already good standard of service delivery to children and families.

## How good is our staff team?

4 - Good

We evaluated this quality indicator as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

#### 4.3 Staff deployment

The service provider deployed staff across their early learning and childcare services to ensure there was always suitably qualified and experienced staff in place. They valued professional development activities, to ensure outcome focussed strategies for supporting children's care learning and development. The size of the core team meant there was both informal and formal supervision in place that helped identify any additional training that would be of benefit to individual staff. There were some designated roles for staff, for example the senior took charge confidently in the manager's absence despite this being the first inspection where they had to take a lead. There was also the opportunity for them to deputise as child protection coordinator, which involved advanced training. Staff reflected on their training and passionately discussed the impact of this with us.

Safe recruitment processes had been carried out to ensure children were cared for by staff who were fit to work with them. Newer staff told us about the induction process they had participated in and felt they were very well supported to learn about their role. As a result, children were safeguarded and well cared for. We noted that there had been some confusion over the peripatetic management arrangements between the out of school services that were addressed during the inspection process. This meant a valid registration

## Inspection report

certificate could be displayed.

Staff perceived themselves as a strong core team who respected each other's ideas. This promoted a happy and secure environment for the children. Staff also worked in partnership with parents, and had a close relationship with the school so that children felt part of a school community. One parent commented on the continuity in their child's care, "We had a meeting before school started back where my child got introduced to the staff that she would be working with to help with the transitions. Staff are always supportive and professional where my child is concerned."

The setting was appropriately staffed during both of our inspection visits. We observed that staff supported each other to work as a team to benefit children. They called each other for assistance when needed to maintain children's safety and wellbeing, including staff having a walkie talkie system for when they had to move between floors or inside/outside. This ensured children were always accounted for and safe. On the first day of our inspection there were only six children attending therefore there were high staff ratios giving children plenty of individualised care and attention. It helped create a homely atmosphere where staff had time to engage with parents at children's handover times. This contributed to trusting relationships where parents also felt welcomed into the setting.

## 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

#### 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 cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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.