Momags Kids Club at Arkleston
Day Care of Children

Arkleston Primary School
Cockels Loan
Renfrew
PA4 0EL

Telephone: 07527 169 555

Type of inspection:
Unannounced

Completed on:
28 July 2023

Service provided by:
Momags Kids Club Limited

Service provider number:
SP2004006546

Service no:
CS2003005021

About the service

Momags Kids Club at Arkleston is registered to provide a care service to a maximum of: 50 children of primary school age to those who are attending first or second year of secondary school. The maximum number of children attending secondary school shall be 5. The service may provide 1 place for a specifically named young person up to 16 years of age as discussed with the Care Inspectorate.

The service is based within Arkleston Primary School in Renfrew. The care service will operate 50 weeks per year between the times of: Term time - 1500 to 1800 hours. Holidays - 0800 to 1800 hours.

About the inspection

This was an unannounced inspection which took place on 25 and 26 July 2023 between 08:45 and 16:00. Feedback to the provider and management team was provided on 28 July 2023. 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 using the service
- spoke with staff, the management team and service providers
- received feedback from ten families
- received feedback from seven staff
- observed practice and daily life
- reviewed documents

Key messages

- Children received nurturing care and support from a staff team who were kind, caring and responsive to their needs supporting them in feeling valued, loved and respected.
- All children were happy and settled in the service.
- Children benefited from plenty of space, natural light and fresh air, which supported their emotional and physical health and wellbeing.
- Play spaces for children indoors and outdoors were appropriately resourced with stimulating and exciting resources.
- Robust quality assurance and self-evaluation systems should ensure consistency in the quality of written records and continuous improvements in all aspects of the setting.

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?	5 - Very 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 several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children were valued and respected as individuals by warm, caring and nurturing staff. Staff included children in all care, play, and learning decisions. The positive attachments formed contributed to children having a sense of belonging as part of a group. Affection, laughter, and chatter were plentiful, ensuring that children felt loved, supported, and valued, contributing to a nurturing approach to children's wellbeing. As a result, the children were happy, confident and having fun during our visit.

Parents and carers who responded to our survey strongly agreed/agreed that staff know their child well, including what they like and what is important for their care. Commenting, "My child is safe, very happy and feels respected listened to and included," and "They offer a range of activities. They have a friendly relationship with the kids. They encourage the children to get involved in the running of the club." The children we spoke to during our visit told us the staff were kind, playful, and helpful.

Mealtimes were relaxed and unhurried, a social time for children to chat with friends. Children were encouraged to be independent when selecting their breakfast and to sit while eating during mealtimes. Some staff sat alongside the children and joined in with their conversations, supporting positive relationships and children's safety. Children's preferences and allergens were known, which kept children safe. Children brought packed lunches and snacks from home, and the service provided additional snacks. We visited the setting during the holiday club, and the children had pizza and tuck shop sweets for snacks. Staff told us that children usually have fruit or crackers during term time. Most parents and carers strongly agreed/agreed that their child could choose from a healthy range of snacks daily. However, one didn't know, and another commented, "Tuck could be a little less sugary, but most other things are spot on." The management team agreed to review the snack options and how they shared information with families. Children had their own drinks and water bottles from home, and freshwater was available throughout the day to keep children hydrated.

Personal plans contained important information about children's health and wellbeing. Staff spoke confidently about the children in their care and how they worked well with children's families, offering support where needed. They had good links with the primary school and worked closely with them to meet children's and families needs. We provided the management team with information that could help develop children's plans further, for example, demonstrating parent and relevant professionals' involvement, having clear strategies to show how staff will continue to meet children's needs and the importance of reviewing the information with families at least every six months to ensure the information held at the service reflects the children's current needs and interests. The management team agreed to review personal plans as part of their monitoring processes.

Systems were in place to support children settling at the service with good links between the school and the setting. One parent agreed, commenting it has made such a difference to their child's first year at school, providing daily stability and the opportunity to form close bonds and trusted relationships.

Medication and administration records were stored safely in a locked cabinet in the playroom. Medication had the child's name and date of birth marked on the bag to ensure they were easily identifiable in an emergency. We highlighted where the service could improve their medication procedures, which they rectified during the inspection to ensure children were kept safe. For example, supporting medication should be held for children and staff with long-term medical conditions or allergies. The information gathered should accurately correspond to the prescription guidance so that staff can continue supporting children's health, wellbeing, and safety. The management team agreed to review the service medication policy and procedures as part of their monitoring processes.

Quality indicator 1.3: Play and learning

Children had opportunities to set individual targets to support progression in their play and learning, evaluate their experiences, and provide feedback using mind mapping. This enabled them to share what they enjoyed and the opportunity to influence future experiences related to their choices and interests. As a result, children were meaningfully and actively involved in leading their play and learning through a balance of spontaneous and planned high-quality indoor and outdoor experiences.

Children engaged in purposeful play and confidently explored the spaces and resources available. Indoor experiences included electronic and interactive games, creative and imaginative activities, small world toys and factual books that supported them in learning about the world around them. Parents strongly agreed/ agreed their child has access to a good range of quality toys and play materials, with one commenting, "I love that my child is in an extended learning environment after school that they find fun while helping them to make sense of school life."

Staff were enthusiastic about being outdoors and understood the importance of outdoor play to children's health, wellbeing, and development. Children accessed the outdoor space daily in all weathers. A wide range of sports and play experiences supported children to be active in the fresh air, have fun, develop skills and confidence, build friendships, and celebrate their successes, promoting positive self-esteem.

Play and learning for children were enhanced through connections to their community. Children visited local play parks and the local care home, where they participated in intergenerational activities. The children had opportunities to learn about nature and develop life skills at the local allotment and took care of their environment and community by litter picking. These experiences further promoted children's self-esteem, a sense of belonging in their community, and the ability to develop skills for lifelong learning.

How good is our setting? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 2.2 - Children experience high quality facilities

Children benefitted from a welcoming and appropriately furnished setting with plenty of natural light and ventilation.

The main playroom accounted for children's different ages and stages of development. For example, there was a designated area indoors for older children to have their own play space should they need it, promoting their sense of independence.

Spaces reflected children's current interests and curiosities, with appropriate resources and materials to support play and learning, which kept children engaged. It included problem-solving and collaboration to build a den outdoors using loose parts and tools. An older child told us their favourite thing to do was graffiti art and had writing materials to express their creativity. Another child told us they like time by themselves, and the staff created a comfortable personal space for them outside where they could watch a movie on a portable device, supporting their emotional wellbeing.

Parents and carers strongly agreed/agreed their child has the opportunity to play outdoors daily. The spacious outdoor area with different surfaces allowed children to engage in active and challenging play with shaded and sheltered areas for children to use in all weathers.

Staff understood the importance of rest for children and provided them with gym mats and cushions to relax after lunch. Most parents and carers strongly agreed/agreed their child can rest within a comfortable and cosy area. However, one disagreed, commenting, "The space could be better and more comfortable." During feedback with the management team, we discussed ways the service could further adapt the play space to make it more comfortable and cosy for children. This included reinstating the mindfulness corner usually available at the service during term time and making the best use of soft furnishings and storage.

The service had safety measures to support a safe and secure environment for children. Maintenance records ensured that any equipment and damaged items were repaired or replaced, and a secure entry system, playroom registers, risk assessments and fire safety drills kept children protected. Children were involved in risk evaluation, including risky play benefits, to support their understanding of risk and risk control while they enjoyed challenging, fun play experiences.

Overall, we observed good hand hygiene and cleaning schedules to support a clean and safe environment. We highlighted some concerns about porous materials that staff should have safely stored, which the manager immediately rectified.

The manager kept information about children and their families safe and secure in a locked cabinet and only shared sensitive information with those who needed it. This upheld children's rights to confidentiality and contributed to a sense of trust between the setting and families.

Staff shared accident and incident forms with parents and carers to reassure them of any care and first aid administered to their child. We discussed having a system for monitoring and auditing these to identify common or reoccurring concerns and the appropriate action required to maintain children's health and safety. The management team agreed to review accidents and incidents as part of their monitoring processes.

How good is our leadership? 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: 3.1 Quality assurance and improvement are led well

The manager and staff team were committed to delivering a quality service for children and families. The setting's vision, values and aims were evident in the kind, nurturing and respectful interactions we witnessed during our visit.

Parents and carers strongly agreed/agreed the setting was well managed. Commenting, "Mo and Suzy are amazingly supportive and approachable. It's reassuring knowing that your child is happy and content with the people looking after them" and "They run the club well."

The manager had some quality assurance processes that positively impacted children. These included safe recruitment, risk assessments and policies to support the smooth running of the service and children's safety, with some policies linked to relevant guidance documents supporting best practices. However, the manager should ensure that quality assurance processes are more robust across other aspects of the service to monitor continuous improvements. For example, accidents/incidents and medication audits to ensure children were kept safe and the practical completion of personal planning and staff training evaluations to support consistency and high-quality outcomes for children. See area for improvement 1.

Meetings and reflective forms helped staff to discuss planning for children's play and learning, their progress and individual needs and an opportunity for staff to share ideas. Mind mapping helped staff to record children's play, learning, thoughts, and ideas, enabling them to participate in the improvement cycle.

The manager had a development a plan for the service; however, the improvement priorities and the impact of these on outcomes for children needed to be more apparent. The manager was familiar with the Care Inspectorate's 'A quality framework for day care of children, childminding and school-age children.' We discussed how the manager and staff could use the self-evaluation tool to support the culture of reflection within the service and develop the service improvement plan. During feedback with the management team, we discussed that more in-depth involvement and opportunities for parents and carers to be involved would strengthen the process. See area for improvement 1.

Parents and carers who responded to our survey strongly agreed/agreed they and their child were involved meaningfully to help develop the setting, and staff used their ideas and suggestions to influence change. Parents and carers were consulted daily through conversations and online surveys, and planning for children's play and learning strengthened their involvement in the improvement cycle. However, more evidence was needed to show how the service incorporated parents' ideas and opinions to influence change and how staff used their feedback and valuable contributions to support evaluation and the highest possible standards of care.

Areas for improvement

1. The service provider and management team should review and develop existing quality assurance and self-evaluation systems to ensure they support and monitor continuous improvements in all aspects of the setting effectively.

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

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

Staff brought differing skills, knowledge and experiences, which they should continue to develop to meet the needs of children in their care.

Staff told us they felt supported by the manager and each other. An induction programme helped new staff members better understand their roles, responsibilities, and best ways of meeting children's needs. One staff member who returned our survey commented, "Management have been great mentors, and staff are so kind and caring; it's a lovely company to be part of."

There was evidence of one-to-one meetings with the manager, which included staff development and professional dialogue. Staff were encouraged and supported to take on additional roles and responsibilities, such as mentoring and supervising staff, the daily routine and developing a play policy.

Staff have undertaken various core training, including child protection, first aid and personal planning. Training records outlined the staff's professional development opportunities.
The management team should establish a system to monitor the impact of staff training, provide opportunities for staff to reflect on and share their learning and discuss how this will be implemented within their practice. This will enable the management team to monitor training effectiveness and ensure training formats positively influence staff practice.

Parents were welcomed into the setting regularly to see what was available and to discuss their child's needs, supporting their continuity of care between the home and the out of school care setting.

Parents and carers strongly agreed/agreed they received good quality information about their child's day. Commenting, "I really can't fault the team or the service on offer. They all go above and beyond, and I've found Momags a huge help to me as well as my child. This is my first experience with a school age child so it's all new to me too!" and "The staff are fantastic, and I feel my child is cared for."

Regular staff discussions provided an opportunity to support effective communication across the service. As a result, staff were skilled and knowledgeable about the children in their care.

The management team recognised the need for high levels of interaction and support to promote children's wellbeing and safety, and planned staff breaks to minimise the impact on children whilst enabling staff to rest and be refreshed. Staff were flexible in their approach and supported each other to work as a team to benefit children. Staff communicated well with each other to ensure effective supervision of the children across the day.

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	5 - Very Good

How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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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