Hamilton After School Project
Day Care of Children

Woodside Primary School
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Type of inspection:
Unannounced

Completed on:
14 November 2023

Service provided by:
Hamilton After School Project

Service provider number:
SP2003001462

Service no:
CS2003006424

About the service

Hamilton After School Project (HASP) is provided by the committee of Hamilton After School Project. The service is based within Woodside Primary School in Hamilton, South Lanarkshire. It is registered to provide out of school and holiday care to a maximum of 70 primary school age children.

Within the school, the service makes use of the dining hall with kitchen facilities, toilets, gym hall and outdoor playground space where children can participate in energetic play. The service also has its own dedicated outdoor space. The service is close to shops, local amenities and bus routes.

About the inspection

This was an unannounced inspection which took place between the 7 and 8 November 2023. We returned to give feedback on 14 November 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 and reviewed 30 survey responses on the quality of the service from parents whose children attend the service
- spoke with the service manager and three members of staff. We also received six survey responses from staff
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Children's wellbeing was being nurtured through positive interactions with staff, who were respectful and kind.
- Children led their own play, promoting choice, inclusion and responsibility.
- Children benefited from plenty of space, natural light and fresh air, which supported their emotional and physical health and wellbeing. This included direct access to a well equipped outdoor space.
- To support children's safety and wellbeing, management and staff should risk assess temporary changes to children's play environments.
- More robust quality assurance processes will ensure consistency in the quality of written records and contribute to sustained improvement across 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning? 4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 1.1: Nurturing care and support.
Children were cared for in a friendly, nurturing environment where they were supported to develop friendships. Children attended from three different schools, including the one in which the service was based, which created a feel of community within the setting. For example, when children arrived from school they sat down together for snack and chatted about their day, which supported their emotional wellbeing.

The setting had personal plans in place for each child. Children were assigned a key worker who were the point of contact for parents, sharing information and building relationships with the family so that everyone felt their contribution to children's care was included and valued. Confirmed by a parent comment, "The service is friendly and person centred. It's like a family." Staff conversations with parents at children's pick up times were welcoming and respectful. As a result parents were comfortable to share information about their child with staff when compiling their child's personal plan. The plans helped staff meet children's individual needs as well as supporting their care and development. Parents responding to our survey agreed or strongly agreed that staff knew their child well, including what they liked and what was important for their care. A few didn't agree or didn't know whether they were fully involved in their child's care, including developing and reviewing their personal plan. One commented, "My child does not have a personal plan or it has never been shared with me." At feedback we discussed how introducing the wellbeing indicators from the national framework 'Getting it right for every child' (GIRFEC) would help staff structure how relevant information is shared with parents and used in planning. In this way parents would feel meaningfully informed and children would be supported to meet their full potential. Our guidance on the HUB could assist with this task: 'Guide for providers on personal planning: early learning and childcare' (Care Inspectorate, November 2021).

We observed how homely care routines were used to nurture children and help them feel safe and secure. The setting was aware of and respected children's dietary needs including their allergies within snack menus. Children had been consulted about ideas for snack menus, which provided opportunities for staff to promote healthy eating choices that would contribute to a well-balanced diet. However, we found that the organisation of children's snack time could be improved. Snacks were prepared and served by staff. Children would benefit from being more involved in the preparation and serving of snack so that they were being independent and learning life skills. We also discussed the advantage of staff sitting with children at snack time to model good behaviour and healthy eating habits. It was good practice that staff had participated in food hygiene training to make sure the preparation of children's meals supported their health and safety. Food was temporarily being stored and prepared in a portacabin therefore we asked that advice be sought from environmental health on whether this impacted on food hygiene safety standards. We observed that children placed their sandwich directly on to the table rather than being provided plates and napkins, which posed a risk of germs spreading to food. Provision of attractive tableware can contribute to children feeling valued and included. (See area for improvement 1).

Children's risk of harm was minimised through staff knowledge and understanding of child protection policy and procedures. Staff had recently participated in annual training and told us they would be confident in taking forward any concerns they had for children's welfare. This contributed to children being

safeguarded. We asked that the child protection policy be updated to reflect changes to national guidance and best practice. We have made reviewing policies as part of quality assurance an area for improvement under the section 'How good is our leadership?'

Quality Indicator 1.3: Play and learning.
The setting had a happy atmosphere where children of all ages were engaged in play activities of their choice, both indoors and outside. Children's comments about their play opportunities included, "I like playing with with the Lego. I like the scooters, the mud kitchen and playing the team games. I really like the ladies" and "Getting to make jewellery with loom bands and drawing pictures. Playing with the scooters. Playing with my friends." Parents also appreciated the range of play activities offered. They mostly strongly agreed that their child had opportunities to be involved in meaningful, interesting and fun play experiences. One commented, "I like the extra curricular activities you plan and the fact there is no additional cost for them, it helps with budgeting and ensures no child is left out because of cost."

We acknowledged that the current refurbishment work was impacting on the accessibility of resources for children and the organisation of their play spaces. For example there were no books or other written material to promote literacy in an informal way. One of the children reassured us that additional games and materials were being stored in the portacabin and they could ask staff for what they wanted. We encouraged staff to be innovative in how they compensated for the temporary arrangements to support children's independence in following their play ideas.

We could see from the minutes of children's meetings that children were regularly consulted about decisions affecting them. For example, they had begun to discuss rules for their behaviour within the setting, which meant rules were meaningful to them and that they would stick to them. One of the older children explained how children were leading an anti-bullying campaign within their school, which they were hoping to adapt to the setting context. They were confident that the manager and staff were going to support them with this project. All children had been involved in writing their 'all about me' information within their personal plan, which included their play preferences. We suggested this approach could be further developed both on an individual basis in a 'learning story' and within staff planning for the setting so that they were providing resources and experiences relevant to children's needs and wishes.

The manager and staff should now work with children to review their planning approaches to reflect children's interests and abilities. For example, using floor books and mind maps to help children feel listened to, to express their ideas and to want to learn more about topics of interest to them. This will contribute to children feeling included and challenged to achieve. The UN Convention on the Rights of the Child, Article 31 - children's right to play, could be a useful starting point to capture children's attention and link their play and learning. We also referred the manager to 'Play Scotland,' the lead organisation for the development and promotion of play in Scotland, which provides web-based resources and best practice guidance on play work. (See area for improvement 2).

Areas for improvement

1. Children should have opportunities for learning social skills in an environment where the risk of cross infection is minimised through good hygiene practices in accordance with 'Infection Prevention and Control in Childcare Settings' (Health Protection Scotland, May 2018), thus supporting children's wellbeing and safety. This should include but not be limited to the manager ensuring that all staff have a shared understanding of the value of mealtime experiences for children.

Staff should refer to the SIMOA good practice note 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare' to support their professional reflection on mealtime improvements.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'My care and support meets my needs and is right for me (HSCS 1.19) and 'My environment is secure and safe' (HSCS 5.19).

2. Children should have access to play and learning experiences that respect their individual interests and are appropriate for their stage of development. This should include but not be limited to staff planning in consultation with children.

This is to ensure that care and support is consistent with 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 setting? 4 - Good

Quality Indicator 2.2: Children experience high quality facilities.
We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

The service was based in a purpose built school building that had considered the needs of an after school service in its original plans. Children benefited from plenty of space, natural light and fresh air, which supported their emotional and physical health and wellbeing. The indoor environment was clean and well maintained by school janitorial staff, which promoted everyone's health and safety.

The service mainly used the large dining hall for children's indoor activities although were able to make use of other facilities. For example, the school gym hall was available for the children's use at various times throughout the week. We observed children of all ages and abilities participating in energetic physical play, including organised games. In this way children were learning about cooperative play and developing their gross motor skills. Staff were skilful in knowing when to step in to mediate any differences or keep children safe. This approach contributed to children being responsible and respecting the needs of others.

A strength of the service was children's direct access to the well equipped outdoor playgrounds where children could run and be physically active on the climbing apparatus and wheeled toys. In addition to shared areas with the school, the setting had its own designated natural space where children enjoyed open ended resources including a mud kitchen and den building. The natural environment stimulated children's creativity, imagination and problem-solving skills.

Within the main indoor space, tables and floor areas were being used by children to enjoy different types of play alone or in groups as they learned about sharing and turn taking. We discussed how this space could be organised more flexibly and creatively to create cosy areas with soft furnishings, where children could relax. Staff already made good use of drapes and dens outdoors. We encouraged staff to extend their provision of loose parts outside to children's indoor play space. 'Loose parts' are materials with no fixed purpose that can be moved and manipulated by children as they try out their play ideas.

There were arrangements in place to monitor the safety of the setting, for example staff carried out safety checks before children's arrival and were aware of risks that could arise during play. We saw that comprehensive registers were kept for children and accompanied staff who were collecting children from school. These measures ensured that management could monitor who was in the setting at any given time and who they needed to account for in an emergency, thus keeping children safe and secure. Information about children was stored securely to respect the confidentiality of families.

However, risk assessments had not been updated to reflect ongoing refurbishment work around the accommodation, which had impacted on the areas that children could access. We have asked the management team to review and update, with staff, the risk assessments within the setting. This will support the safety of children and staff. (See area for improvement 1.) We reminded the provider and manager that we should also have been notified of the refurbishment work. This provides assurances that measures have been put in place to keep everyone safe. We referred the manager to good practice guidance, 'Records that all registered children and young people's care services must keep and guidance on notification reporting'. We have included notification reporting as part of quality assurance an area for improvement under the section 'How good is our leadership?'

Areas for improvement

1. To ensure children's safety, the provider should ensure that risk assessments are responsive to new hazards both outdoors and inside the setting. Staff involvement in developing the risk assessments would support this to be a shared approach and impact positively on the health and safety of everyone.

This is to ensure that 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).

How good is our leadership? 4 - Good

Quality Indicator 3.1: Quality assurance and improvement are led well.
We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

This was the first inspection since the current manager had come into post and we recognised that any of their changes to quality assurance processes would take time to impact on outcomes for children and staff. For example the manager had begun to look at different tools for self evaluating the service. The service did not have a formal improvement plan although implicitly self evaluation was their main priority. Staff responded very positively in our survey about leadership. They felt well supported in their role by the manager and mainly strongly agreed they received regular feedback on their work. The manager should continue to work with staff on implementing self evaluation of the service. This will help identify improvement priorities for the service and provide linked leadership opportunities that give staff a better understanding of how they can influence change.

Parents were confident that the service was well managed and that the manager had relevant experience and qualities for the role. The service was provided by a parent led committee, which meant that parents were able to influence decisions made about how the service operated. Information about the service operation was shared verbally with parents when they collected their children and via social media. Ten percent of parents responding to our survey disagreed that their family were involved in a meaningful way to help develop the setting or that their ideas and suggestions had been used to influence change.

We noted that information about the service had not been visibly displayed, partly due to the ongoing refurbishment work. We discussed how staff and children could work together explore innovative ways to display information about the service. This would give children a sense of belonging and help families understand how the setting operated so that they also felt included.

We acknowledged that the service organised annual general meetings that all parents were welcome to attend and stand for election to the committee. However we reminded the provider that the Care Inspectorate should be notified of any newly elected members. This is so that we can undertake fit person checks to vouch for their suitability for the role and to safeguard children.

We have highlighted elsewhere in this report where practice would have benefitted from more robust monitoring, such as working with staff and where appropriate families to review children's personal plans and update service policies. The service provider and manager, in partnership with staff and families, should continue to develop quality assurance systems to support sustained improvements across the service. (See area for improvement 1).

Areas for improvement

1. To ensure that outcomes for children and families continuously improve, the manager and staff should ensure that effective and robust systems are in place to monitor and sustain a quality service. This should include but not be limited to:

1) updating service policies to reflect national guidance and best practice
2) the timely submission of notifications that registered services must provide to the Care Inspectorate
3) ensuring existing safe recruitment procedures are implemented and monitored
4) implementing self evaluation processes to support improvement.

The service provider and manager should refer to the Care Inspectorate publication 'Records that all registered care services (except childminding) must keep and guidance on notification reporting', which can be found on our website.

This is to ensure that care and support is consistent with 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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team? 4 - Good

Quality Indicator 4.3: Staff deployment.
We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Children knew staff and experienced friendly, positive relationships with them. Children were welcomed into the setting by staff, who asked them how their day had been and showed an interest. This helped children feel respected and included. In our survey, we received positive feedback from 30 parents about the quality of the staff team. They agreed or strongly agreed that they were confident that staff had the appropriate skills, knowledge and experience to care for their child and support their learning. Their comments included, "All the staff at HASP know my child well, he enjoys the time he spends there with them and they are all always ready to answer any questions I may have and provide information on how he's getting on. I'm very

happy with the service they provide" and "Friendly, professional and welcoming. My child is very comfortable with the staff and finds them very approachable."

Safe recruitment processes had been carried out to ensure children were cared for by staff who were fit to work with them. New staff felt welcomed and respected members of the team. They told us about the induction process they had participated in, and felt well supported to learn about their role. This ensured they had access to core information needed to care for children and keep them safe. To support staff further, we signposted the manager to Scottish Government's national induction resource, which will help them develop the induction process to match national standards. We noted an instance where references for recruits had not been followed up. We acknowledged this was partly due to there not being a clear agreement with the training provider, who recruited trainees, about sharing information. Ensuring references are followed up gives reassurance that children are safeguarded. We have made monitoring safe recruitment processes as part of quality assurance an area for improvement under the section 'How good is our leadership?'

There were sufficient staffing levels across both inspection days. All parents agreed or strongly agreed that the setting was appropriately staffed. We noted the robust systems for the transfer of children from nearby schools. We asked that staff only use service mobiles for communication, for example during children's transfer from other services or when sharing information as this will help maintain the confidentiality of families. It will also be in keeping with the service's own mobile phone policy and general data protection regulations (GDPR) that support children's safety.

Staff told us that they had plenty of opportunities to talk about their practice, both during their working day and within staff meetings. Staff responding to our survey were confident that there were always enough staff and believed team work was their strength. Their comments included, "Excellent teamwork and communication." Daily debriefings kept staff up to date with service information as well as giving time to discuss children's specific interests and needs. This contributed to continuity in children's care. We observed that staff worked well together as a team and communicated to ensure that they were available to support children's routines and activities across the session. For example, when supporting free flow access to the outdoor space, staff organised themselves and communicated well with one and other. As a result, children were able to choose where they spent their time. This contributed to children feeling valued and their preferences respected.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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