Gylemuir After School Club
Day Care of Children

Gylemuir Primary School
10 Wester Broom Place
Edinburgh
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Telephone: 01313 348 700

Type of inspection:
Unannounced

Completed on:
3 November 2023

Service provided by:
Gylemuir Asc Committee

Service provider number:
SP2003002849

Service no:
CS2003011885

About the service

Gylemuir After School Club is registered to provide care to a maximum of 46 primary school aged children at any one time.

The service is located within Gylemuir Primary School in Edinburgh and is close to transport links, parks and other local amenities. The service's accommodation includes use of the hall, smaller playroom, toilet facilities, kitchen area and storage space. They also have direct access to the school grounds for outdoor play.

About the inspection

This was an unannounced inspection which took place on Wednesday 1 November 2023 between the hours of 14:15 and 17:45. We returned to continue with the inspection on Thursday 2 November 2023 between the hours of 14:00 and 17:45 and Friday 3 November 2023 between the hours of 12:00 and 15:45. We provided feedback to the manager and depute manager on Friday 3 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:-

- spoke with children using the service
- spoke with staff and the manager
- spoke with several parents/carers during the session,
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- took into account feedback we received from 13 families.

Key messages

Staff demonstrated a professional, caring and supportive approach during their engagement with children.

To maximise children's wellbeing, personal plan and medication documentation should be further developed. This would help ensure a consistent and effective approach to recording information updates and any strategies of support.

Mealtime routines were to be continue to be developed to enable children's choice of when to have snack and to enhance the presentation of foods and menu choice.

Children's health and wellbeing was supported as they could routinely access fresh air and outdoor experiences.

Quality assurance processes should continue to be developed to outline any action taken and the impact for children's experiences.

The deployment of staff should continue to be assessed by the management team to further support children's choices and experiences throughout the session.

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, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1 Nurturing care and support

Children experienced a welcoming and nurturing approach from staff. Children were valued and respected and as a result, positive relationships with staff had been established. Feedback we received from families included, "I like that the staff care about my daughter, they look out for her, encourage her and they know her very well, they spend a lot of time with her and I feel very comfortable knowing she is in their care" and "Like the team and how they care for my kids. My kids love going".

Children enjoyed eating together in an unhurried and relaxed environment and their dietary requirements were catered for. Staff sat with children to assist them where needed and to help keep them safe when eating. Some children also ate food they brought from home at snack time. We discussed that to further safeguard children, staff should confirm what foods are being eaten to ensure that there is no potential impact regarding any allergens for other children attending.

Staff were in the process of taking into account healthy eating guidance as part of their menu planning. However, to support children's choices, the menu options, presentation and available portions needed to be further improved. As children all ate snack together, this meant that some activities had to be tidied away. Whilst the play areas were reinstated, this practice interrupted children's play. The management team agreed to develop the snack routine and menu to enhance children's choices and experiences. Feedback we received from some families indicated that they did not know about the daily snack menu. The sharing of this information was now to be progressed by the service.

Children's overall wellbeing was supported as they all had a personal plan. Annual registration forms were used to gather information from families including children's individual care and support needs, dietary and allergy needs, medication and medical needs and strategies of support. Personal plans were now due to be reviewed in consultation with families to ensure that the information was kept up to date. Whilst there was an overview of children's care and support needs, we discussed that further developing personal plan documentation would support a consistent approach and help ensure that information was clearly outlined. This would support children to reach their full potential and ensure their changing needs and interests were effectively planned for.

Staff were knowledgeable of children's health and wellbeing needs and any medication was stored appropriately. Medication was checked regularly by the management team and this ensured that this was replaced by families before the expiry date. Although some medical and medication information was outlined in children's personal plan information, this needed to be more robust. Where children have any identified medication or medical needs, the strategies of support including any signs and symptoms should be clearly documented. This information should be reviewed regularly with families to ensure that it is kept up to date. Whilst progress had been made, the area for improvement in the previous report remains in place (see area for improvement 1).

Quality indicator 1.3: Play and Learning

Children were able to have fun and could make choices from a range of experiences throughout the session. For example, learning to make pompoms and bracelets, reading books and construction opportunities. We acknowledged the weather had impacted upon children's routine access to the outdoors. However, during the inspection children enjoyed playing in the dark with the torches as well as playing tennis and football during daylight hours. When outdoors, some children were lying down or sitting on the wet grass/ground using their torches. We discussed the service should consider the use of mats to enhance children's experiences and protect their clothing. Feedback from families included, "They have a big space inside and they have lots on offer every day", "There is a book area and different areas set up" and "They always have great themes and are extremely inclusive to all".

Staff skills and their planning approaches meant that play and learning experiences took account of children's current interests. Staff also responded to any children's requests for additional resources throughout the session to extend and support their experiences. We discussed that as part of children's personal plan information children's interests and goals should be regularly reviewed to ensure they were up to date and taken into account when planning activities and experiences in the setting. This would help ensure that there was sufficient challenge and opportunities for all children.

Feedback from some families indicated that they were not fully aware of the experiences and activities available to their child at the setting. We discussed that to support communication, additional information should be shared with families about the activities planned. This would help ensure families were aware of this information and would facilitate them to be able to give any feedback to the service. Feedback we received from families about how to make the service better included "If we were allowed to play on the Xbox again" and "Maybe open more in the summer".

Areas for improvement

1.
To ensure children's health and wellbeing, information should be clearly documented about all children's medical or medication needs including the signs, symptoms and action to be taken by staff to support these needs.
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our setting? 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 2.2: Children experience high quality facilities

Children experienced a setting that was welcoming. Children's wellbeing was supported as they experienced an environment that was clean, warm and had plenty of natural light.

Systems were in place to support the risk assessment of the environment and children's safety. Any issues identified with the environment were reported to the landlord for action to be taken. We discussed that the daily risk assessment checks should continue to be developed to support a consistent approach and to help identify any potential issues or changes to the environment at the start of the session. For example, clarity if a toilet was not in use, any odours and the water pressure. This would help ensure children always had

access to well maintained facilities. There were several toilet facilities that children could access. Some toilets were located through an adjacent classroom and some lights were activated by movement. Whilst staff supported children when needed, specific toilets for different age ranges of children may help support their confidence and independence.

Children's health and wellbeing was supported through regular hand hygiene routines including on their arrival and before having snack. Children's wellbeing was also supported through regular access to the outdoor for play opportunities and fresh air. A register and regular headcounts helped ensure that all children were accounted for. We discussed that to enhance safety, the register or a system should clearly outline the overall total of children attending and those outdoors with staff. This would further ensure that children were accounted for at all times when playing in varied spaces.

Wall displays were well presented and were representative of different topics to support children's health, wellbeing and safety. For example, their rights and the wellbeing indicators. Children's curiosity and choice of play was supported as the main hall was attractively set up each day with a variety of resources and defined areas of play. For example, construction area and book area where children could relax. We discussed that further attention to detail was needed to ensure that the areas continued to be maintained throughout the session. For example, the cosy, comfortable space to sit and the location of children's bags and coats in the hall. This would help ensure children's safety by minimising trip hazards and also to ensure the presentation of play areas was welcoming. Feedback from families included, "Clean setting" and "The club has a lot of resources, lots of toys and equipment, always lots on offer for the children".

During the inspection, the smaller room was not routinely used throughout the session. We discussed that consideration of the layout and use of the space would support children's choices. For example, to have access to a quieter space or different types of play to support sensory experiences or to be able to do their homework.

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

There was a shared vision, values and aims which helped inform staff practice and support them to understand the importance of meeting the needs of children and families. Families also had the opportunity to be able to be involved in the service and help influence changes. For example, by completing surveys and being part of the parent led committee. Feedback we received from families about what would make the service better included, "Booking sessions for particular hours, longer opening hours" and "Teaching a new language or an instrument will be great".

An improvement plan had been developed to outline the key strengths of the service and planned areas for development. This information was shared with families at the annual general meeting. Social media was also used to help keep families up to date. Feedback we received from families included, "Like the team and how they care for my kids, my kids love going", "Great communication and always fun and varied activities", "Manager sends updates , lots of communication - sometimes too much" and "The manager has helped us immensely and we are very grateful for that, we can approach the staff about anything and know that they will do their best to help us".

Staff files demonstrated that safer recruitment processes were being followed. As part of the recruitment process, applicants visited the service and children were able to ask questions. Further progress was needed to ensure that recruitment reference information clearly outlined the role of the referee, how they were known to applicants and the start date of the member of staff. We directed the manager to best practice guidance to help enhance their recruitment and induction practice 'Safer recruitment through better recruitment' (Care Inspectorate and Scottish Social Services Council 2023) and 'Early Learning and Childcare - National Induction Resource' (Scottish Government January 2023).

The manager and staff team were committed to the ongoing improvements of the service. Quality assurance and self-evaluation processes had helped them identify what worked well in the service and identify areas. For example, team meetings, individual staff support meetings, the sharing of best practice documents and training opportunities had helped them to reflect on their practice. The quality assurance processes should continue to be developed to include the assessment of personal plan information, the snack routine and observations of children's experiences during the session. Documenting the action taken and the impact as a result of any changes would support the evaluation of the service and help promote positive outcomes for children.

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

Children's wellbeing was supported by staff having a respectful and caring approach. Children were confident in approaching staff when needed and children were also observed chatting and laughing with staff during their general interactions. This demonstrated that positive relationships had been built. Regular discussions with families also helped to build relationships which supported the sharing of relevant information about children's care and support needs. Feedback from families included, "The staff are dedicated to the children and the level of support they give to both child and family is outstanding" and "I adore the staff. I adore how encouraging they are with the children and how they help to support them. They are really encouraging and involve the parents and let them know when there is an issue with your child or children".

The manager recognised the importance of ensuring the service was appropriately staffed and this included during planned staff absences. For example, staff trained in first aid. There was a staff vacancy and the recruitment process was in progress. At this time, the staff and the management team worked effectively together to maintain children's experiences. This had included a regular volunteer attending to support additional art and craft activities during the session.

There was a clear approach to identifying staff roles and responsibilities and this included staff being deployed to work in specific areas of the setting each day. For example, specific staff were responsible for the snack preparation, arts and crafts and collecting younger children from school. Staff were flexible in their approach to support team working and promote positive outcomes for children. This included staff and the management team communicating effectively with each other about any updates to children's care and support needs.

The environment included a large hall, smaller room and outdoor space. We discussed that staff deployment should continue to be assessed to support the consistent and effective use of the play areas and enhance children's choices and experiences throughout the session.

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 should ensure that the medication system and procedures are reviewed and action taken to ensure that these are in line with best practice. Where information is known about children's medical or medication needs, clear information should be documented in the health folder about the signs, symptoms and action to be taken by staff to support these needs.
National Care Standards for Early Education and Childcare up to the age of 16:-
Standard 3 - Health and wellbeing
Standard 6 - Support and development.

This area for improvement was made on 24 November 2016.

Action taken since then
Progress had been made to develop the medication system and procedures in line with best practice. Medication was stored securely and checked regularly with a record of when medication was due to expire. This helped ensure that replacement medication would be provided by families. New registration forms had been developed which asked families to outline any medical or medication needs including the signs and symptoms. However, for some children, further information about any strategies of support or any signs and symptoms to be aware was needed.

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

We have updated the wording of the area for improvement to reflect the Health and Social Care Standards and the progress made under the section 'How good is our play, care and learning'?

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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