Pollok Afterschool Care Service
Day Care of Children

St Convals Chapel Hall
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Type of inspection:
Unannounced

Completed on:
18 July 2024

Service provided by:
Pollok Afterschool Care Service (P.A.C.S) Limited

Service provider number:
SP2015012515

Service no:
CS2015338251

About the service

Pollok Afterschool Care Service is located in a suburban area in the South West of Glasgow. The service operates from St. Convals Chapel Hall which is located in Pollok.

The service can accommodate a maximum of 20 children of school age up to the age of 14 years. At the time of our inspection eight children were present.

The service provides a pick-up service from two local schools. The service has access to a large hall with a stage and storage areas, catering facilities to prepare snacks and an outdoor play area. There are toilet facilities for children and staff and office facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 17 July 2024. 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
- reviewed feedback from 3 parents and carers whose children attend the service
- spoke with the provider, manager and staff
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Children were cared for by staff who displayed warm and nurturing approaches, which contributed to children feeling safe and secure.
- Children were spoken and listened to in ways that encouraged them to feel valued and included.
- Personal plans should be further developed to ensure they fully support meeting children's needs and are updated as a minimum every six months.
- Children attending had fun and were happy. Experiences provided were child-led and responsive to the children's interests.
- Planning processes should be further developed to support children's involvement and ownership.
- We identified improvements that would minimise infection risks and enhance the safety and security of the environment for children and staff.
- Quality assurance processes should be further developed to ensure continuous improvement of the service.
- More opportunities should be provided to support children and staff to be involved in self-evaluation of the service.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
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. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 1.1: Nurturing care & support
Staff were nurturing and caring towards children in their interactions and responded warmly to children throughout their stay in the service. This supported children to feel safe and secure. Quality interactions and engagement were taking place between children and staff. Children were confident in approaching staff and talking to them. Staff were interested in what the children had to say and listened and responded. This contributed to the positive relationships children had with staff and supported children to feel respected and valued. Children we spoke with shared with us, staff are "good" and one parent who provided feedback shared with us, "they are welcoming, friendly and polite."

Children attending were happy. They played together and told us they enjoyed coming to the service to play with their friends. They had developed friendships which enhanced their wellbeing.

There was a personal plan in place for children. They included a registration form which recorded children's health and physical needs. These were completed in partnership with parents and carers. All parents who provided feedback shared with us they are fully involved in their child's care, including developing and reviewing their personal plan. One parent shared with us "We get sat down every 3/6 months regarding his care with a full overview of his learning."

As part of their plan's children had an additional record linked to SHANARRI indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included). Staff supported children to be involved in the completion of the record. The plans recognised the importance of valuing children's input and parents and carers knowledge of their child. We identified plans that required more information to fully meet children's needs, and these could be further improved with recording targets for supporting children in response to the information they provided. We discussed introducing a chronology record to detail significant events and changes within a child and their family's life to support with improving outcomes for children and their families (see area for improvement 1).

Children participated in choosing the weekly snack menu. Contributing to children having ownership of decisions made within the service. Children had brought their own lunch for the holiday club. A dedicated mealtime table meant they had could eat at their own pace without interruption. This was an unhurried, relaxed and sociable experience with children and staff coming together. They enjoyed each other's company and after the children had finished eating their food, they chose to sit together to play a game around the table.

Children attending the service on the day of inspection did not require any medication. The service had a medication policy in place and had a medication proforma ready if a child attending required this. We were satisfied medication would be administered safely to support children's health and wellbeing.

Quality indicator 1:3: Play and learning
Children attending were happy and having fun. The service was operating a holiday club programme which included trips to beaches, parks and having a picnic. This provided children with the opportunity of

experiencing activities outwith the service. Children were having conversations with staff and each other, sharing stories from the previous day of their trip to the beach. This enhanced children's language skills and was an opportunity to re-visit their learning. One parent who provided feedback shared with us, "The carers are welcoming and great with the children. They have events planned for most days over the summer and my child really enjoys going."

Children spent most of their time outdoors providing them with the opportunity to access fresh air, contributing to supporting their health and well-being. They visited a local play park where they had opportunities to participate in risky and challenging play on the apparatus. Children were confident in leading their play and learning and chose to use the space to play games together. In the afternoon children participated in a 'highland games' activity in the services outdoor space which involved stations of physical exercise. There were also stations with games which promoted children's numeracy and cognitive skills as they counted the number of pins being knocked down in bowling and skills of matching when playing a game of dominos.

Children were comfortable having discussions with staff around what they would like to do during the session and activities were child led. Staff were responsive to children's suggestions of staff races and some children asked to showcase their dancing and gymnastic movements. Children cheered and celebrated each other's achievements. This has the potential to contribute to a positive self-esteem for children and supports their well-being.

Staff set out activities indoors for the children's arrival based on the age groups of the children attending and their interests. Children chose freely from the activities on offer which supported their confidence and independence skills. Indoors children were creating pictures using stationary items and arts and crafts materials and using digital technology to play games. Children told us, "I like to draw", "I like to do arts and crafts and paint" and "I like to play with my friends."

Activities were planned monthly with children's involvement through sharing ideas of activities they would like to participate in. The service had previously recorded experiences and children's comments within a floorbook. We discussed with the management team planning could be improved with re-introducing these. This has the potential to provide children with the opportunity to re-visit their learning and would contribute to the children having increased responsibility and ownership of the service.

Areas for improvement

1. To support children's care, play and learning management and staff should ensure individualised personal plans capture children's health and welfare needs, progression in learning and support children to reach their full potential. Consideration should be given to, but not be limited to the following areas:

- personal plans are reflective of children's current health and welfare needs and meaningful strategies are identified and recorded to support children.
- the recording of identified next steps for children's learning and progression.
- plans contain a chronology record to record significant events and changes within a child and their family's life.
- plans should be created and reviewed in partnership with parents and carers as a minimum every six months.

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 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).

How good is our setting? 3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas need to improve.

Quality indicator 2.2: Children experience high quality facilities

The service was using the church hall and an area for outdoor and physical play within the grounds of the church. Windows within the hall contributed to a bright environment for children. The windows did not open to provide ventilation. We saw a fire exit door was open at times to provide ventilation and the service had a ventilation system installed to support children's health and well-being. Some areas within the service were unclean to include toilet areas. We discussed this with management and these areas were cleaned during the inspection (see area for improvement 1).

Staff had activities set out on tables and on the floor for children. There was a variety of resources available for children and additional resources were stored in an upstairs area of the hall. Children could not access this area, to support their safety and well-being. The service used a photo inventory for children to display the resources available. Children could ask for these and when requested staff would provide these for children. We discussed updating the photo book to show all the resources available. This would contribute to children having more choice on the daily play experiences on offer to them.

The service was in the process of developing their cosy space for children to rest and relax and told us of their plans for the area. There was a stage area for the children to play and children and staff told us they used this area to participate in activities of for example dance and drama.

Children washed their hands before and after mealtimes and tables were cleaned before and after snack. We discussed with management children should wash their hands when returning from outdoor play. Where possible staff should use handwashing facilities rather than hand sanitiser to clean their hands to support children and staff's health and well-being.

Drinking water was available for children throughout their stay and children took water bottles on their outing to the park, supporting children to keep refreshed and hydrated.

Children have direct access to an outdoor space. We had concerns around safety and security of the outdoor space when children are playing outside. Children could easily leave the service or unauthorised personnel could access the space when children are playing outdoors. We discussed with management ways the area could be more secure for children (see area for improvement 1).

Risk assessments were in place for areas and tasks in the service. We asked for these to include a risk assessment for indoor areas of the service and to review and update the outdoor & outing risk assessments. This has the potential to support children's safety, security and well-being.

Areas for improvement

1. To support children's health, safety and well-being management and staff should ensure children are care for in environments that are safe, secure, clean and well-maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'my environment is safe and secure' (HSCS 5.16), 'my environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas need to improve.

Quality indicator 3.1: Quality assurance and improvement are led well
The management team engaged well throughout the inspection process. They were approachable and friendly, and we could see they knew children and staff well. This contributed to the positive relationships they had with children and staff. One parent who provided feedback shared with us, "Lorraine is fantastic and handles her team well and all other staff are very interactive, procedures are definitely where they need to be."

One to one meetings took place between the staff and manager and was an opportunity for staff to discuss their performance and learning needs. We discussed with the management team using this as an opportunity to set goals and re-visit these with staff to provide accountability, extend responsibility and to support with improving the service.

We identified quality assurance processes should be improved to include creating a quality assurance calendar for the monitoring and auditing of areas across the service to include personal plans, infection control, accidents and incidents. We signposted the management team to 'Care Inspectorate Bitesize sessions for Quality Assurance'. Continued use of quality systems will provide further opportunities for improvement, with the potential to continue to improve outcomes for children and their families (see area for improvement 1).

We looked at how the service recruited staff. This included carrying out safe recruitment checks of references and the Protecting Vulnerable Group (PVG) scheme. We discussed with management keeping records of PVG numbers and dates within staff members files and copies of records checked to verify their identity. A staff member employed within the service was due to complete her qualification within a few weeks, to become a qualified practitioner. We discussed with management as a minimum until the certificate is awarded staff should still be in the presence of another qualified practitioner when on outings to support children's safety and security. Children and staff told us the manager would normally be with them on visits to the park.

The service had an operational plan in place which included areas of the service to develop. We could see progress was being made in some areas of the plan. We discussed distributed leadership with the management team and giving staff responsibility and ownership of tasks to improve the service for children and their families. This also provides staff with the opportunity to use and develop their skills and knowledge.

Children and their families had been involved in self-evaluation and improving the service using questionnaires for feedback on the service. One parent who provided feedback shared with us, "We help the service with suggestions and listen to the centres needs." We discussed with management how self-evaluation could be improved with involvement from staff and further involvement from children to include consultations and recording the outcome and impact of the changes made.

Management shared with us they came together with other local after school care services. The service valued the opportunity for professional discussions with others in the sector. This informed their practice and knowledge and understanding of best practice.

Areas for improvement

1. To improve upon outcomes for children, quality assurance systems should be developed to assess and improve the quality of the provision in line with best practice. Management and staff should take responsibility for positively contributing to improvement and be accountable for the quality of their work.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

We evaluated 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.

Quality indicator 4.3: Staff deployment
There was a small core staff team who were present to care for the children. One parent who provided feedback shared with us, "Never a time have I went in and there has been not enough child to staff ratios." The service had undergone changes to their staff team and had recently recruited new staff. New staff were undergoing an induction. They had read some of the services policies and procedures and were being inducted into everyday practice tasks with support from the management team.

The provider had completed the first year of their childhood practice qualification and the manager was embarking on theirs in August showing their commitment to learn and extend their knowledge, skills and practice. A training plan was in place and staff engaged in professional development, most recently a first aid course to support children's health, safety and well-being. Staff attended these to keep their skills and knowledge up to date of best practice and guidance.

Staff and the management team worked well together, sharing responsibilities and supporting one another during the service. Children were being supported by staff who deployed themselves well within the setting. We observed examples of communication and team working taking place between and within play spaces. The service also had the use of radio communication to support when staff were in different areas of the service. We observed the staff team informed each other when leaving the space or attending to a child's needs. This supported children's safety and well-being.

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?	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?	4 - Good
4.3 Staff deployment	4 - Good

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