The Action Group (West Lothian Holiday Group)
Day Care of Children

Croft Head Community Farm
Crofthead Centre
Templar Rise
LIVINGSTON
EH54 6DG

Telephone: 0131 285 5207

Type of inspection:
Unannounced

Completed on:
2 July 2024

Service provided by:
The Action Group

Service provider number:
SP2003002593

Service no:
CS2019375990

About the service

The Action Group (West Lothian Holiday Group) can provide a day care of children service during school holidays to a maximum of 15 school aged children at any one time. The manager will be 100% supernumerary. Adult: child ratios will be assessed on an individual need basis.

The service may be provided from the following premises:
Crofthead Farm Community Education Centre, Crofthead Farm, Templar Rise, Livingston, EH54 6DG.

The premises is a shared community building in a residential area of Livingston, West Lothian. During the holiday group, children have the sole use of a large hall, accessible toilet and an outdoor space.

The provider had recently made a variation application to separate the West Lothian and Edinburgh services. They now run as individual services serving the local authority area where they are situated.

About the inspection

This was an unannounced inspection carried out on Monday 01 July 2024 between the hours of 10:00 and 15:00. One inspector from the Care Inspectorate carried out this inspection.

To prepare for the inspection we reviewed information about the service. This included previous inspection reports, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:
- observed children using the service and received feedback from two parents
- spoke with staff and management
- observed practice and daily routines
- reviewed documents relating to children's care and the management of the service.

We gave feedback to the manager and provider by videocall on Tuesday 02 July 2024.

Key messages

Three areas for improvement from the last inspection were met. This meant that medication procedures, play experiences and the overall leadership of the service had improved.

Staff understanding of individual rights underpinned practice in all aspects of children's care, resulting in children being valued, respected and empowered.

The nurturing and enabling environment meant that children had fun with a wide range of experiences and opportunities.

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?	5 - Very Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning? 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 1.1: Nurturing care and support

Children were nurtured and supported throughout their daily experiences. The inspection took place on the first day of the summer service. Some children and staff were familiar to each other while others were building their connections. Staff were patient, responding to children's cues and respecting their wishes. Children were confident with staff, seeking out physical contact for reassurance, comfort and fun. A parent described staff as, "Fun, attentive staff who really take the time to get to know the children". As a result, children's wellbeing was sensitively and effectively supported.

Personal care was carried out sensitively, meaning children had their privacy and dignity respected. Staff noticed children's cues and responded to them. Food experiences were relaxed, safe and sociable. Changes had been made to encourage children to eat together if appropriate. Children still had the choice to join or not when they were ready. Additional support for eating and drinking was carried out sensitively with children being empowered as much as possible to be independent.

Children's individual wellbeing was benefiting from the effective use of personal planning. Detailed information had been gathered from families about children's routines, needs and preferences. In addition, the service had reached out to the schools so children could have continuity in their support strategies. This resulted in staff having a good baseline knowledge of children, which evolved as they built relationships. Individual strategies were used to enable children in decision making, transitions and routine tasks. For example, the use of timeframe reminders, visual timetables and object signifiers. Children's progress was monitored and shared with parents each day. This provided information about their general care for that day as well as social interactions and experiences. A parent said, "They check in regularly about any changes and make sure their care plan is relevant and up to date". Children were enjoying the holiday group and parents felt confident that their needs were being met.

Medication and health needs were managed according to best practice. As a result, staff were fully informed of children's health needs and how to best support them consistently. Children's wellbeing was considered holistically through ongoing connections between the service and the referring agency. This meant that information could be shared where needed to better support families.

A parent summarised the quality of care, play and learning, saying, "My child is happy, safe and thrives. It is one of the few things they actively look forward to attending, it is always a positive experience".

Quality indicator 1.3: Play and learning

Children had fun as they experienced play, learning and development opportunities. They could choose from a range of opportunities and resources to use as they wished. Most children had their own specific interests which staff enabled them to enjoy when support was needed. There was a balance of free play and planned experiences where children could learn or practice new skills. Children chose where to play and staff respected that. Risks in play were approached sensitively with children so they could be involved in problem solving.

Children were empowered to be fully involved in their play and learning through the skilled interactions and actions of staff. Staff were qualified or working towards qualifications. This helped them to have an enhanced understanding of child development and play. As a result, staff matched children's enthusiasm and energy in play, allowing children to lead the content and pace of play. In particular, staff understood the need for children to repeat activities over a period of time. This brought children enjoyment and helped to secure their learning.

Play was extended as staff modelled vocabulary, asked questions, offered suggestions and gave commentaries of children's activities. For example, colours, numbers and shapes were discussed. Staff understood the need for varying approaches to play depending on individual children. This meant that play experiences reflected children's interests and supported them to achieve.

Opportunities were extended within the local community. Children enjoyed local parks and walks, as well as participating in local events. The secure garden space was used daily with free access for children. Waterproofs were a recent addition to enable children to engage in messy play and play in all weather.

The team had spent time considering what play meant to the children attending the service. This resulted in experiences, resources and opportunities being tailored towards individual needs. Overall, children looked engaged and happy in their play and exploration. A parent confirmed this, saying, "From singing, to park outings, nature walks to cinema outings, zoo visits to in house art or games, my child is exposed to a large variety of fun environments".

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 quality facilities

The setting was a shared space which the service set up each day. While it did not reflect a homely environment, areas were available for children to rest and be comfortable. Tents, beanbags and large cushions were set out for use, allowing children to rest or to simply move around on the floor safely. An additional space elsewhere in the building had been secured to offer quiet space if needed. This was beneficial for some children as the room was noisy at times.

The setting and equipment were safe, secure and well-maintained. Open space, ramps and wide doors allowed all children to access different areas around the service. Specialised equipment was available such as a hoist for children's safety and comfort. The one-to-one ratio reduced a variety of risks to children, however other measures had been put in place such as locks on the doors leading to other areas of the building. Overall. the setting was well managed to keep children safe and happy.

The indoor and outdoor environments were developmentally appropriate spaces. Play spaces were set out to show children what was on offer and engage their interest. The variety of resources had improved since the last inspection, offering more choice and creativity in play. Additional toys were stored in clear boxes with labels so children could also choose from these without being too overwhelmed by a busy room. Core resources such as paint, water, sand and dough were available to provide sensory experiences.

The play environment could be further enhanced to meet the needs of children attending. For example, by

using real dress up clothes to fit school-aged children and increasing open-ended resources. The service should also continue to reflect on areas the children were using and not using. This would support quick win improvements to ensure the children attending can benefit.

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

A shared vision, values and aims positively informed practice. It was clear that all involved were committed to children being relaxed, having fun and experiencing exciting and new opportunities. Children's rights and dignity were upheld in all interactions, as well as in daily routines. This inclusive approach kept children at the centre of the service.

Since the last inspection, the manager had enhanced theirs and the team's knowledge of good practice within early learning and childcare. Webinars and best practice guidance were used to enhance their understanding of what children should expect from a quality service. The manager had a comprehensive overview of the whole service and was able to respond fully to the needs of children attending.

Children and families were meaningfully involved and were influencing change within the setting. Parents were asked to feedback following each holiday programme. A structured questionnaire guided them to consider different aspects of the service. Changes and improvements were communicated with parents, making their contribution matter. Parents commented, "They communicate regularly via email and telephone, they are welcoming and approachable in person, they provide various ways to be contacted" and "My feedback is regularly requested so they can take on board any recommendations or address any concerns". Children's feedback was captured daily by staff observing their engagement and enjoyment. This was then used to plan ahead. The service continued to consider how to involve children in evaluating the service and was trialling a talking board with thumbs up and down symbols.

Quality assurance including self-evaluation and improvement plans were in place and leading to continuous improvement. Following the last inspection, an improvement plan was created to address the issues raised. Most actions were completed and the document continued to evolve as other improvements were identified. External quality assurance was carried out by the organisations quality team. This highlighted strengths and further suggestions for improvement. The service was in a cycle of improvement where they identified issues, trialled solutions and assessed the impact on children, parents and staff. This ensured that everyone's needs and wishes were considered while experiences and opportunities were improved for children. For example, the play spaces, more detailed personal plans and using best practice guidance to improve.

How good is our staff team? 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 4.3: Staff deployment

Deployment and levels of staff were effective in ensuring quality outcomes for children. Most children had one-to-one support to ensure their needs were fully considered and met. Additional floating staff were available to cover absences and breaks. These staff were familiar with children's needs and interacted with them throughout the day. This meant that continuity of care was provided for children. Management understood and were committed to effectively staffing each day to ensure the best possible outcomes for children and staff. As a result, staff were refreshed and energised to meet children's needs as they presented.

A wide range of skills and knowledge had been sought during recent targeted recruitment of staff. As a result, more experienced and qualified staff were recruited, bringing a skill set that impacted positively on children's play and learning. Furthermore, training was provided to ensure staff were able to meet children's specific needs. For example, moving, handling and eating. Additional cover staff were trained also to ensure consistency of care if needed during absences.

Staff were flexible and supported each other to work as a team to benefit children. They noticed when support was needed and were present to assist quickly. This was reassuring for individual staff and provided additional support for children when they needed it. Staff were also skilled at recognising and seeking support when they needed it. This enabled them to learn from their peers and kept children's needs at the centre of their decisions. Staff effectively deployed themselves to empower children to decide where they wanted to spend time and what they wanted to do. As a result, children were enabled to lead their own care, play and learning in an inclusive way which respected their rights.

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

To ensure children receive the support they need to be healthy and safe, the provider should further develop the management of medication. In accordance with the best practice document, 'Management of medication in daycare of children and childminding settings' (Care Inspectorate 2014), the provider should include but not be restricted to:
- Planning for self-administered medication

- Planning for any medication or medical conditions highlighted in a personal plan
- Further detail recorded about signs and stepped actions to guide staff consistently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 14 April 2023.

Action taken since then

The service had taken action to ensure medication was managed according to best practice guidance. Changes to the medication policy meant that self-administering medication would be recorded and known

by staff. This would reduce risks associated with children self-administering medication but would also support them to be independent. Changes to the medication form meant that more detailed information was gathered from parents to better inform staff to support children's health.

This area for improvement has been met.

Previous area for improvement 2

To enhance the quality of children's play experiences, the provider should develop staff knowledge and skills in child development, play and the adults role in supporting it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 14 April 2023.

Action taken since then

Improvements had been made to enhance the quality of children's play experiences. The manager had made links with childcare students in the local college, where previously only social care students were approached. The outcome of this was an increase in recruitment of staff who brought knowledge and skills in child development and play.

Induction training for new staff had developed to include guidance on play and the adults role to support it. As a result, children were able to lead their own play with staff supporting and extending it.

In addition, the play spaces were more enticing and resourced which staff maintained throughout the session. This was resulting in children moving more between activities and trying new things. Waterproof clothes were also purchased to offer children more freedom in wet weather and during messy play.

This area for improvement has been met.

Previous area for improvement 3

To ensure a consistent quality provision for children, the provider should ensure the service is well led. This should include but not be restricted to:
- the manager having an overview of the whole service, including planning for staff and children.
- robust quality assurance processes which reflect best practice in early learning and childcare.

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

This area for improvement was made on 14 April 2023.

Action taken since then

The service was making good use of best practice guidance. As a result, children were having fun. The environment had also improved meaning children were more engaged. Children's safety and wellbeing was supported as the service had used good practice to develop the approach to infection control, health care planning/medication and children's personal plans.

Improved quality assurance processes now reflected good practice. As a result, outcomes for children, staff and parents had improved.

This area for improvement has been met.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good

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

How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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