Notre Dame Primary After School Club
Day Care of Children

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GLASGOW
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Telephone: 07464 841482

Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
Notre Dame Primary After School Club

Service provider number:
SP2021000035

Service no:
CS2021000056

About the service

Notre Dame Primary After School Club is registered as a daycare of children service. It is registered to provide a care service to a maximum of 40 children attending Notre Dame Primary School in Glasgow. At the time of the inspection there were 32 children present.

The service provides care during term time only. It is based within a local Scout hall a short walk away from the primary school. The service makes regular use of the park adjacent to the school, where they regularly spend the whole session. Parents are kept informed daily of where the children will be based. The Scout hall has a large hall and smaller rooms available. Children can also play outside in the enclosed garden.

About the inspection

This was an unannounced inspection which took place on Tuesday 20 and Wednesday 21 August 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from 13 parents and carers

Key messages

• Children were happy, confident and settled in the service.
• Children were able to lead their own play and learning.
• Children benefitted from a spacious setting with access to outdoors and a local park.
• Staff knew children and families well, and provided the support and care they required in a kind and nurturing way.
• The manager should include children in identifying areas for development which help to support children's care.

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

Staff were kind, warm and nurturing in their approach with children, and knew the children well. Children were having fun and we could see clear friendships had formed between children. Staff engaged well with children and were attentive to their needs. One parent commented, 'We love how they engage with each individual child, making them feel welcome, safe and happy, valuing their ideas and contributions to group activities.' Positive relationships with the children meant staff could offer care which met their needs.

Snack was a relaxed and unhurried experience for children. Children had the option of when to eat which meant that their play was not disrupted. Fresh fruit was available at snack and there were opportunities for children to have an extra serving of fruit. Staff were aware of children's individual dietary needs which helped to support children's health and wellbeing. There were opportunities for children to develop their independence through self-serving and pouring their own drinks. We discussed with management that children could have developed their independence and life skills further by preparing their own snacks.

Personal plans were in place for all children and were completed in partnership with parents. The plans contained the information staff needed to meet children's individual needs. Children completed their own 'all about me' forms, with support from staff if needed. This gave children the opportunity to have ownership of their plans. Strategies for children with additional support needs had been identified. This helped staff to know the children and care for them in a way which supported them to reach their potential. We discussed with management that plans should all be dated to ensure the most up to date information is recorded.

We reviewed the storage and administration of medication and found overall this was in line with best practice guidance. There was a minor discrepancy in the storage of one item which the manager corrected on the day of the visit.

Quality indicator 1.3: Play and learning

We observed that children were having fun and were fully engaged in their play. Children had the opportunity to participate in a variety of activities including games, drawing and construction. One parent commented, 'When they are indoors there is always a variety of activities on offer and the staff are engaged with the children.' One child commented, 'I like the crafts and snacks. I love the playground and meeting my friends. I like building stuff.'

Children benefitted from free flow access to outdoors. When playing outdoors, children were confident in exploring and leading their play. When weather permitted, the service ran from a local park close to the primary school the children attended. This gave them the opportunity to participate in risky and challenging physical play.

Children were able to lead their own play and learning. For example, they were playing number games with playing cards and creating a large tower with wooden blocks. One parent told us, 'I am extremely grateful for the service and I know that the children's likes and interests are always catered for and at the centre of the planning and preparation of the Afty.' Children also told us they could choose which activities they wanted to participate in each day, and we saw children making those decisions.

Staff based planning on children's interests. A big book and mind maps were used to gather children's ideas for activities. These contained photos and comments from the children. We discussed with management that they should continue to develop these to support children's ownership of their play and learning. Staff recorded observations of children's experiences and linked these to national guidance and curriculum frameworks. Children had individual observation books which noted observations of play and learning experiences and contained photos of the children. Children would benefit from evaluations of their individual learning which would allow staff to understand their development. The manager informed us she is looking to introduce key worker groups, and this would support staff to plan for children's individual interests and development.

How good is our setting? 4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in a setting which was spacious, bright and clean. As well as the large scout hall, children also benefitted from access to outdoors. The main room had tables and benches for children to sit at, physical equipment, games and small world toys. A quiet room was available for children to rest and relax or participate in art experiences. One parent commented, 'The staff are so nurturing and create such a safe environment for the children so I know my children are always in great hands.' The environment helped to give children the sense that they were important to the service.

There was a variety of resources for children which children could easily access, and there were other resources stored securely which children could ask for to support their play. Resources available took account of children's stages of development and interests. For example, one child had a particular interest in small, coloured dominoes and there was a large selection for them to play with. Resources were well maintained and a system was in place for any maintenance needs.

When weather permitted the service made use of a local park where they set up for the full session and had access to the local school if they need toilets and handwashing facilities. Daily risk assessments were completed by staff to support children's safety. This included when using the hall, when walking from school to the hall and when using the park. A bag was prepared for visits to the park which contained first aid kits and children's medication to support their health and safety when outdoors. We saw staff using radios to support communication and they were in the bag to take to the park. The use of radios should be added to risk assessment to ensure all staff are aware of the procedure.

We observed that overall infection prevention procedures were followed. Children and staff were washing their hands when entering the service and before snack. We reminded staff and management that children should was their hands before and after snack to reduce the risk of cross infection.

How good is our leadership? 4 - Good

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

Quality indicator 3.1: Quality assurance and improvement are led well

The manager was friendly, welcoming and approachable, and engaged well with the inspection process. Staff told us they found the manager to be supportive and approachable if they needed any help. One staff member commented, 'The manager is understanding of physical and mental illness and is very accommodating. She also ensures to check in and see how all staff are feeling and if they need any support and does her best to help.' This meant staff were supported in their roles to offer better outcomes for children. Parents also told us they found the manager to be supportive and helpful. One parent commented, 'The manager and staff are always open and willing to listen to ideas and suggestions'.

Quality assurance procedures had recently been introduced and the service had identified areas for improvement. Staff and management worked together to develop these areas and evaluated the impact any changes had made to the children and service as a whole. Monitoring and auditing procedures were in place as part of the quality assurance process. We discussed with management that they should introduce a more robust system to include monitoring for personal plans, environments, accidents and incidents.

The service valued the opinions of staff and families. Parents had received questionnaires to support evaluation of the service. The manager had fed back to parents on their responses so that they understood the impact of their suggestions. This helped them to feel part of the service. Children's voices were heard in their personal plans and decisions regarding planning and daily experiences. One parent told us, 'Our daughter comes up with ideas and takes them to Afty. She has been organising an "Afty World Record", involving children of all ages in games (eg long-jump, walking on stilts).' Staff and management had worked with children to help them to understand their rights in regard to the United Nations Convention on the Rights of the Child (UNCRC). We discussed with management that children should also be included in service improvements and developments to support them to feel that they have ownership of the service too.

Team meetings gave staff the opportunity to reflect on service developments and evaluate practice. One to ones allowed staff to discuss any training needs or support they required, and helped them to identify successes and goals they would like to achieve. This helped staff to feel that their wellbeing was important.

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.

Quality indicator 4.3: Staff deployment

During our inspection, we found that effective staff deployment within the setting meant that children's individual needs were being met by the right number of staff throughout. The staff to child ratio allowed staff to be responsive to individual needs, which enhanced children's experiences. One parent commented, 'There are always staff on hand whenever I pick up my children and they are engaging and approachable.'

Staff told us that they worked well together as a team, and we observed this in practice. One staff commented, 'All the staff are very friendly and supportive of my well-being!' Staff had allocated areas they were responsible for, and this was based on their individual strengths and skills. This meant they could offer positive experiences for children. Staff communicated when leaving areas, or when children were moving between areas. Radios were used well to aid in this communication. Staff were vigilant of children at all times, recording children on the register and checking this every 15minutes. This meant children were cared for in a safe manner.

Staff development was encouraged with some staff having completed relevant qualifications, and others ready to start. The staff engaged in a range of professional learning activities that built on and sustained their practice. This covered a wide range of topics, including first aid, autism awareness, understanding asthma and infection control and prevention. This supported staff to meet children's needs.

Staff and management understood the importance of having positive relationships with families and children. One staff commented, 'Our parents/ carers are an important part of our relationship with the children. We are approachable, open and considerate to every family.' Parents also told us they had a positive relationship with staff. One parent commented, I have a really good relationship with the staff, I feel comfortable approaching the staff and I feel they go over and above for the children. They get to know them and their likes and interests and when they feed back information I know its meaningful and that they have spent time chatting/ensuring my kids are enjoying themselves.' Knowing the families and children well supported staff to offer care which met their individual needs and interests.

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

Personal plans should be reviewed to ensure that recording and reviewing of information promotes the wellbeing, safety, choices and needs of individual children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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) and "My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 14 September 2023.

Action taken since then

When reviewing this area for improvement we found that personal plans were in place for children and reviewed regularly with parents. Strategies to support children with additional support needs had been identified. Children had the opportunity to complete their own all about me forms.

This area for improvement has been met.

Previous area for improvement 2

Children should have access to suitable toilet facilities when the whole session is spent at the park.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can easily access a toilet from the rooms I use and can use this when I need to" (HSCS 5.2) and "If I require intimate personal care, there is a suitable area for this, including a sink if needed" (HSCS 5.4).

This area for improvement was made on 14 September 2023.

Action taken since then

When assessing this area for improvement we found that children now have access to the school toilets when at the park.

This area for improvement has been met.

Previous area for improvement 3

Risk assessments should take account of the vast space children could use at the park, any potential risks and ensuring that staff are vigilant and aware of keeping children safe.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 14 September 2023.

Action taken since then

When assessing this area for improvement we found that risk assessments were in place which noted staff supervision plans when at the park and how staff are deployed to supervise gates to keep children safe. A new procedure was introduced to do a head count of children every 15 minutes. Radio's were used to aid communication. All children wear high visibility jackets and return when leaving the park.

This area for improvement has been met.

Previous area for improvement 4

The manager should use a framework and develop systems for quality assurance that supports the staff team to assess, evaluate and improve the service. This should involve children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 14 September 2023.

Action taken since then

When assessing this area for improvement we found that quality assurance procedures were in place where management and staff identified areas for development and evaluated how effective changes had been. Staff evaluated the service using the Care Inspectorate Quality Framework. Parents were involved in evaluating the service and given feedback on their questionnaire responses. Children's voices should be included in evaluation of the service.

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?	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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