Skoolz Out Mosspark Ltd
Day Care of Children

Mosspark Primary School
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Telephone: 07462203033

Type of inspection:
Unannounced

Completed on:
25 October 2023

Service provided by:
Skoolz Out Mosspark Ltd

Service provider number:
SP2021000127

Service no:
CS2021000215

About the service

Skoolz Out Mosspark Ltd is an out of school care service in a suburban area of Glasgow. The service operates from Mosspark Primary School in the Mosspark area of Glasgow.

The service can accommodate a maximum of 52 children attending primary school up to S3 at any one time. A maximum of four children may be included in the 52 during the summer period prior to them starting primary school.

The accommodation consists of use of the school dining hall. The service can access the school gym hall, playground and a room for quiet time. There are toilet facilities for children and staff. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 23 and 24 October 2023. The inspection was carried out by two inspectors 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 15 parents and carers whose children attend the service
- reviewed feedback from four staff members employed in the service
- spoke with the 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 made children feel safe and secure.
- Children attending had fun indoors and outdoors and were happy. Experiences provided were child-led.
- Personal plans should be further developed to ensure they fully support meeting children's needs and are updated as a minimum every six months.
- The service had made improvements to quality assurance and self-evaluation processes. These should be further developed to ensure continuous improvement of the service.
- The staff routinely engaged in a range of professional learning activities that built on and sustained their practice.
- Children benefited from a staff team who worked well together.

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. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 1.1: Nurturing care and support

Staff were welcoming, nurturing and caring towards children in their interactions and responded warmly to children throughout their stay in the service. We observed staff comforting a child who became upset and staying with them until they were ready to play again. This helped children feel safe and secure.

Children were confident in approaching staff and talking to them. Respectful interactions took place from staff at the children's level. This helped children to feel respected and valued. Quality interactions and engagement were taking place between staff and children. This contributed to the positive relationship's children had with staff.

Children attending were happy. Children played together and had developed friendships which enhanced their wellbeing. Children we spoke with told us, "We like talking and talking. We can go outdoors and we talk outdoors too. We like being here with our friends." Another child told us, "I like coming here! Sometimes I'll play on my own. Other times I'll play with others. I like the staff."

A keyworker system was in place, helping staff to know the children and to form and sustain relationships. One parent who provided feedback shared with us, "They have even introduced a key worker system which I like." Another parent who provided feedback shared with us, "Skoolz Out are fantastic and I am extremely happy with the care my daughter receives. As a parent it is important to me that my daughter is safe, happy and settled first and foremost which Skoolz Out have gone above and beyond to ensure."

Children were offered a snack and participated in choosing the weekly snack menu. Contributing to children having ownership of decisions made within the service. Staff were aware of children's dietary requirements and these were catered for with alternative food options, contributing to children's safety and wellbeing. Dedicated snack tables meant that children could eat at their own pace without interruption. This was an unhurried and sociable experience with children coming together. Snack was set out for children arriving and children were encouraged to be independent in for example spreading their own butter and pouring their drinks.

Staff knew the children well which meant they were able to respond to their individual needs and preferences. One parent who provided feedback shared with us, "The staff team are approachable, enthusiastic and knowledgeable. They provide quality feedback each day I collect my daughter and are able to easily answer any questions I have about my daughters day. They know my daughter well and I feel confident that they can plan for her individual needs." Following our previous inspection, the service had made improvements to the process of personal planning. Almost all children were actively involved in the completion of these with support from their key worker. Plans were shared with parents and carers to review and to make contributions. This recognised the importance of valuing children's input and parents and carers knowledge of their child. We identified one child did not have a plan in place and not all plans met the requirement of being updated as a minimum every six months. Some plans required more

information to fully meet children's needs, to include the recording of strategies staff were using to support children's care, play and learning (see area for improvement 1).

Children's medicine was labelled with their name and stored safely. We asked the manager to extend the labelling to include the child's date of birth. These were added for our return to the service. Consent forms were available for children requiring medication. We identified a medication were the dosage to be administered was less than the dosage on the prescription label. The manager contacted the parent and this was amended on our return visit. Health care plans were in place for children and we identified one plan that had detailed information in how to support a child's medical condition and where further information could support staff in how to respond in an emergency. The manager had invited medical professionals into the service to discuss health conditions of diabetes and asthma with the children to increase their awareness and understanding of these conditions.

Quality indicator 1.3: Play and learning

The children were having fun and happily engaged in activities both indoors and outdoors. They chose freely from the activities on offer and enjoyed taking part in activities, such as imaginative play, board games, drawing pictures, decorating biscuits and using loom bands to create bracelets. One parent who provided feedback shared with us, "My boys always happy with the choices available, changes so the children do not become board or fed up, lots of imaginative play too." Another parent shared with us, "There is always a wide variety of toys and activities provided for the needs of the children."

Children enjoyed play outdoors and there were a range of resources for them to choose from, which promoted their confidence and independence skills. There were opportunities for the children to participate in active play and develop their physical skills. Children joined in activities of basketball, football and skipping. Children were playing in the gym hall and were able to participate in games which encouraged language and problem-solving skills. One child told us, "I like when I'm getting snack and going outside to play and to the gym hall." We observed children leading their own play indoors and outdoors. Staff were skilful in their interactions and when to engage in play and step back to enable the children to take their play and learning forward.

Activities were planned monthly with children's involvement through sharing ideas of activities they would like to participate in. Photobooks of children participating in experiences were created for the children to review. We discussed with the manager how planning could be improved with children being involved in evaluating the experiences. This would contribute to the children having increased responsibility and ownership of the service. One parent who provided feedback shared with us the service could be improved with "Online access to see snap shots/ images of what my Child is doing during his time at afterschool. It's always nice to see my child happy, engaging and playing happily with other children."

Areas for improvement

1. To support children's care, play and learning the manager and staff should ensure individualised personal plans capture children's care, health and welfare needs 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 their current care, health and welfare needs and meaningful strategies are identified and recorded to support children.
- plans should be created and reviewed in partnership with children, 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? 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 2.2: Children experience high quality facilities

The service was clean, safe and well maintained. The service uses the school lunch hall, gym hall, the school playground for outdoor and physical play and a room was being used for 'quiet time.' The room available for 'quiet time' was in a separate area of the school, a distance from the school lunch hall. We discussed with the manager this has the potential to limit children choosing to use this space. Children would benefit from having a cosy space more accessible to the children, for rest and relaxation. The manager told us she was in discussions with the school head teacher about the possibility of locating a room nearby.

Activities were available on tables and small world toys on the floor with floormats. Activities were set out for children's arrival and the children choose additional activities when they had finished their snack. Lunch tables were set up in the lunch hall and we discussed the possibility of re-organising these to provide the children with more space to play. The manager shared she is limited in the movements of the furniture in the hall.

There were a wide variety of resources available for children and additional resources were stored in a room within the school. The service used a photo book to show the resources available. This contributes to children having more choice on the daily play experiences on offer to them.

Drinking water was available for children in the gym hall to keep refreshed and hydrated during physical play.

The service operated a holiday programme and children had recently been taken on a trip to the cinema and science centre. This provided children with the opportunity of experiencing activities outwith the service. The science centre provided learning opportunities for the children. Children told us these were fun. Some children aged eight years and over benefitted from weekly visits to the local swimming pool. Contributing to supporting children's health and wellbeing and physical skills and movement. One parent who provided feedback shared with us, "My son likes going to After school. The staff members are friendly and patient. When the weather is good they have a lot of outdoor time. During the holidays they organise good outings."

Risk assessments were in place and had been reviewed by the manager and shared with staff to provide feedback. We identified the swimming and quiet room risk assessment would benefit from additional information. We discussed with the manager individual risk assessments for some children would further support the children's health, wellbeing and safety.

Children washed their hands when coming into the service. Tables were cleaned before and after snack. We observed children washing their hands before participating in a baking experience. Most children washed their hands before snack. We discussed with the manager all children should be washing hands before and after snack to support their health and wellbeing. We saw improvements on our return visit to the service.

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. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 3.1: Quality assurance and improvement are led well

The manager is passionate about the service and engaged well throughout the inspection process. Staff shared with us the manager is approachable and supportive in her role. A staff member told us, "Christine is a step ahead and wants to make things the best she can for the children." One parent who provided feedback shared with us, "The leadership of Skoolz Out is fantastic. Christine in particular is so approachable and helpful. She is always happy to answer any questions. There is regular communication through newsletters, emails and text messages which are very informative. The management are very understanding of individual circumstances and always go above and beyond to support my daughter and I."

Children, parents and carers were involved in self-evaluation of the service and routinely issued questionnaires. We saw examples of when feedback contributed to the service improvement plan and was used to improve the service. This included providing more opportunities to the children for imaginative play and parents having the opportunity to meet new staff. Children's suggestions were taken forward with the purchasing of some new resources and re-introducing swimming. We could see progress was being made in areas of the improvement plan contributing to positive outcomes for children and their families.

A training plan was in place and staff attended regular training. The manager had also arranged for support workers to undertake their Scottish Vocation Qualification (SVQ) level three, to work towards becoming qualified practitioners. The manager had recently shared Care Inspectorate documents 'A quality framework for daycare of children, childminding and school-aged childcare' and 'Health and Social Care Standards: my support, my life' with staff to develop their knowledge and understanding of the documents. All contributing to enabling staff to keep their skills and knowledge up to date of best practice and guidance.

The manager conducted six monthly appraisals with staff. The manager used this as an opportunity to discuss progress, achievements and to set goals. Staff shared with us they found these beneficial. Regular team meetings took place with information being shared and discussions to include updates to children's needs, staff training and the developments of the service. There were clear action points noted for areas to be taken forward, contributing to creating responsibility and accountability for staff.

We identified quality assurance processes could be improved to include creating a quality assurance calendar for the monitoring and auditing of areas across the service to include medication, personal plans and infection control. We signposted the manager 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).

Areas for improvement

1. To improve outcomes for children and families, the manager should continue to develop quality assurance systems with a clear and manageable quality assurance calendar. This should include, but not limited to monitoring and auditing personal plans, storage and administration of medication and infection prevention control practice.

This is to ensure care and support is consistent with Health and Social Care Standards, which state, 'As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (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

The service had undergone changes to their staff team and had very recently recruited new staff to expand their team. The manager and some staff shared with us the service had emergency staff who could help with cover for any staff absences. A parent who provided feedback shared with us, "Always plenty of staff and they always are on top of the children's safety at all times."

The staff team worked well together supporting one another to include new staff members who were attending for their first day. The new staff members were undergoing an induction. They had read some of the services policies and procedures and were being informed of children's allergies. We observed the manager coaching and supporting them in the procedures and processes, including using the register to sign children into the service. One parent who provided feedback shared with us, "My son enjoys attending. The staff provide a range of experience to cater for individual children's needs and interests. The service is very well organised and staff including the management team work well together effectively to give the best possible care. The children have great opportunities to explore new experiences both in the school and participate in a range of outings."

Children's play was interrupted early during the session and children were gathered in the playground to take count of all children in attendance. Some children shared they did not want to go. We discussed with the manager ways to account for the children present to include the services register and use of walkie talkies with staff.

Staff were deployed in different areas of the service and communicated regularly with each other using walkie talkies. Including when children were moving to an area, or a parent had arrived to collect their child. We were aware of communication between the manager and a staff member when a child was not at a school for collection. The staff member was advised to wait at the school, until contact was made with the parent and for confirmation the child was not attending the service. Contributing to ensuring children's safety and wellbeing.

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 that all adults are fully aware of individual children's needs. Children's plans and other records should be completed in more detail.

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).

This area for improvement was made on 1 December 2022.

Action taken since then

Staff knew children well and were aware of children's needs and how to meet these.

The process for personal plans had been reviewed and developed. Key workers had responsibility to support children to complete these. Plans were then shared with parents to review the information and contribute to the plans.

We identified one child did not have a plan in place and not all plans met the requirement of being updated as a minimum every six months. Some plans required more information to fully meet children's needs, to include the recording of strategies staff were using to support children's play and learning.

The area for improvement had not been met. Please refer to 'How good is our care, play and learning?' for further information.

Previous area for improvement 2

To support ongoing improvement within the service, the provider and manager should develop quality assurance procedures further.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 1 December 2022.

Action taken since then

The service had developed quality assurance and self-evaluation procedures.

Audits of accidents and incidents were taking place.

Staff had responsibility for updates of personal plans within their key worker role.

Risk assessments had been updated and were shared with staff for their contribution.

The service had an improvement plan in place and the service were making progress in the areas identified.

The area for improvement had been met.

Previous area for improvement 3

To support children's health and wellbeing, the provider and manager should ensure that there are suitable arrangements in place to manage planned staff absences within the service.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 1 December 2022.

Action taken since then

Additional staff had been recruited to the service and the service had a list of emergency staff who could help with cover for any staff absences.

The area for improvement had 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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