Kirkliston Orchard After School Club
Day Care of Children

Kirkliston Community Centre
18 Queensferry Road
KIRKLISTON
EH29 9AQ

Telephone: 01313334621

Type of inspection:
Unannounced

Completed on:
14 December 2023

Service provided by:
The Orchard Nursery Ltd

Service provider number:
SP2003002986

Service no:
CS2021000307

About the service

Kirkliston Orchard After School Club is registered to provide a care service to a maximum of 44 primary school aged children up to entry to S1 at any one time. On a Monday and Wednesday term time only, the care service can provide care to a maximum of 39 primary school aged children up to entry to S1 at any one time. During the hours of 7:30 to 8:45 term time only, the care service can provide care to a maximum of 28 primary school aged children up to entry to S1 at any one time. The manager is also the manager of Kirkliston Orchard Nursery CS2006138039.

The service is provided within Kirkliston Community Centre in Kirkliston, Edinburgh. Within the premises, children have access to two playrooms. An additional room named the 'family room' is available to use. An enclosed garden offers outside play.

The service is close to local shops and parks and has good transport links.

About the inspection

This was an unannounced inspection which took place on Monday 11 December 2023 between the hours of 14:15 and 18:15. We returned to complete the inspection on Tuesday 12 December 2023 between the hours of 14:15 and 18:15. The inspection was carried out by two inspectors from the Care Inspectorate. This was the service's first inspection. To prepare for the inspection we reviewed information about this service. This included information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- received 21 responses from parents to our electronic request for feedback
- spoke with three parents in person during the inspection
- received two responses from staff to our electronic request for feedback
- spoke with and interacted with children
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to children's care and learning and the management of the service.

We provided in person feedback to the registered manager and provider on 14 December 2023.

Key messages

Four areas for improvement have been made which will help guide the service on their improvement journey moving forward.

Children's emotional and social development benefitted from kind, caring interactions from staff.

Personal planning systems for children required further development to assess children's needs in greater depth.

Child centred planning should be strengthened to further empower children to lead and evaluate their play and learning experiences.

The environment had been thoughtfully prepared to be inclusive to support all ages and stages of development.

Quality assurance systems should be more robust so the desired and actual outcomes of any improvements made are clear.

Children and families' sense of value was increased by the service's strong commitment to involving them in shaping 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?	5 - Very 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

Children's emotional and social development benefitted from kind, caring interactions from staff. For example, staff asked children how they were and demonstrated genuine interest in children's lives. Children responded well to this by engaging in conversation. Similarly, staff knew children's interests and preferences, and routines were adapted to support and accommodate these. For example, children's choice to play before having breakfast at the breakfast club was respected. Parents' comments included; "The staff are all welcoming and friendly. They are always actively caring for the children when I arrive at the setting." These nurturing approaches positively contributed towards children's sense of worth and belonging.

Improvements had been made to children's mealtimes to respect children's preferences for when they wanted to eat and to increase their independence skills. All children were keen to have snack when they first arrived at the service. Younger children arrived at the service first as school collection times varied. This offered the younger children time and space to enjoy an unhurried and sociable snack time with their friends at their own pace. While snack was set out in the centre of the table, children could self-serve their food and spread their own toppings onto what was available for snack that day. This meant that children were given choice, and independence was promoted to support children to develop important life skills. Children were consulted about menu choices, which showed that their opinions were valued. Food was nutritious and in line with best practice guidance, which supported children to develop healthy eating habits. Moving forward, it would be more inclusive if staff sat alongside children whilst they ate to further enhance relationships. This was especially evident at breakfast time when staff were standing.

Children's allergies and special dietary requirements were effectively managed to help ensure children's health and safety. For example, information was clearly documented and accessible for staff. This meant that children could have confidence that staff were well equipped to meet their needs.

Personal planning systems for children required further development to assess children's needs in greater depth. This would enable staff to create and review individualised support strategies for children. For example, while all children had an 'all about me sheet' which was updated every six months, there were missed opportunities to elaborate on this information and use this to develop meaningful, personal outcomes for children. The service was receptive to our advice and took swift action during the inspection to improve the documentation of support strategies for children who required additional support. This approach now needs to be embedded across the service so that all children are supported to achieve their full potential **(see area for improvement 1).**

Quality indicator 1.3 Play and learning

The service involved children in shaping the play and learning experiences available. This increased children's sense of worth. For example, members of the children's committee had asked their peers what resources they would like; some of the children were interested in animals. They had been playing with farm and zoo animals and wanted to expand this by exploring arctic animals. These resources were provided along with other materials to spark curiosity and offer challenge, for example maps.

This approach meant that children's voices were amplified and demonstrated the service's strong commitment to acting upon children's preferences and wishes.

The documentation of children's play and learning could be strengthened to help demonstrate the significance of children's achievements. Learning opportunities were typically based on seasons and events throughout the year. For example, children were provided with the opportunity to make shortbread to celebrate St Andrew's Day. Children had been asked what they knew about Halloween. The children referred to pumpkins and were provided with the opportunity to carve a real pumpkin. The service should develop child centred planning approaches by involving children in documenting what they know and what they would like to find out about a certain interest. Children should then be involved in evaluating these experiences to identify what they learnt to celebrate their achievements and develop critical thinking. Floor books were used to highlight children's experiences. For example, there were photographs of children decorating the Christmas tree. Staff considered how learning experiences reflected children's rights, the Curriculum for Excellence (Education Scotland, 2004) and the Getting it Right for Every Child (Scottish Government, 2022) wellbeing indicators. To strengthen planning approaches, the service should make these references more meaningful, for example, children were learning how to problem solve when decorating the tree and developing their knowledge of different religious festivals. These should be supported by observations and children's quotes **(see area for improvement 2).**

Staff would benefit from training to develop their skills in facilitating quality interactions with children to ensure children are empowered to lead their own play. For example, we assessed that the motives behind staff's interactions were positive; for children to feel acknowledged and valued. However, some approaches used by staff resulted in children responding with closed statements and questioning staff's intentions. By developing a more skilful approach, staff can interact with children without children feeling that this is interfering with their own play agenda **(see area for improvement 2).**

Areas for improvement

1. To support children's care, learning and development, the provider should develop children's personal planning to assess children's needs in greater depth. This should include but is not limited to creating individualised support strategies for children which should be reviewed at least every six months.

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).

2. To support children's care, learning and development, the provider should develop child centred planning approaches. This should include but is not limited to empowering children to lead their play more, ensuring evaluations of children's play and learning are meaningful and developing staff skills in facilitating quality interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting? 5 - Very Good

We evaluated this key question as very good, where there were major strengths that were impacting positively on outcomes for children.

Quality indicator 2.2: Children experience high quality facilities

Staff had worked hard to transform the multi-purpose community hall into a welcoming, play based environment for the children. Play spaces were well defined and provided a breadth of learning opportunities. For example, a home corner, playdough station and open ended resources outdoors. This resulted in children being motivated and engaged in their play.

We highlighted the brightness of the lights indoors and advocated softer lighting to enhance children's wellbeing. We also noticed that as it became darker outside, there was limited light in the garden where children were playing, with the potential to compromise children's safety and play experiences. Prior to the inspection, the service had identified these areas for improvement and had explored solutions in consultation with the landlord. The management team promptly acted on our feedback. This resulted in lamps being used in the playroom and a floodlight being provided for the outdoor play space. These positive changes contributed to children's safety and wellbeing.

The environment had been thoughtfully prepared to be inclusive to support all ages and stages of development. For example, there was a range of books, puzzles, and games suitable for every age group. A respectful cosy space had been created with cushions and blankets should children need a rest or some quiet time after a busy day at school. Similarly, a wealth of open-ended resources indoors and outside meant that children could use such play materials to support and enhance their stage of developmental play. For example, children proudly shared their creative work. As a result, children's play became purposeful and enhanced their self-esteem. Similarly, children were heard to be disappointed when their session ended. One parent told us, "My child is annoyed if I collect them early from the club because they are having fun." Children could leave their unfinished creations to complete on their next visit to the service. This contributed towards the service's strong value base and respect for children.

The service was clean and well maintained which increased children's health and wellbeing. Staff had undertaken training in food safety and infection, prevention and control. Children were supported to care for resources and take responsibility for looking after them. There was a strong sense of pride in ensuring the environment was respectful. This helped children to know that they were valued.

Children were kept safe and secure during the walk from school to the service. Clear rules were in place, such as children knew to walk in pairs and were reminded to stop and check it was safe to cross when crossing the road. Staff were placed at the front and back to the walk to ensure that children could be supervised and supported. Routes were planned to ensure that children crossed the busy road where the school crossing patrol was located. Regular head counts took place, and a first aid bag was taken on all walks. A comprehensive risk assessment reflected the good practice observed. The service promptly acted on our advice to put in place risk assessments for individual children where this helped to promote continuity of care.

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

Children benefitted from a management team who had a strong vision for the service. At the heart of this was for children to enjoy their time at the club. The service's improvement plan reflected this commitment by empowering children to help shape the service, so it reflected their needs and preferences. The service had taken forward a parent's suggestion to create a children's committee. A children's committee had been formed. The children had identified improvements to the service. This included developing the family room into a cosy area where children could engage in wellbeing activities, such as meditation. Children were being consulted with on the values for the service in the form of the 'golden rules' and these were positively worded, such as 'being kind'. Moving forward, the service should involve children and staff in assessing the desired and actual impact of any improvements to help ensure they secure positive outcomes for children **(see area for improvement).**

Staff were empowered to initiate well-informed change which contributed to a culture of making continuous improvements to support children to achieve. For example, staff had noticed that when children arrived at the service after school, they wanted to eat before they played. Staff took the lead in making improvements to mealtimes, including re-configuring timings and table arrangements and promoting children's independence skills. We observed how these improvements had been embedded and sustained, resulting in a relaxed pace and enjoyable social experience for children.

A culture of wellbeing was promoted within the service to support staff to contribute positively to children's lives. For example, staff gave high regard to the support they received from the management team. The provider facilitated wellbeing meetings with staff. These supported staff to develop their self-awareness. Although the provider shared examples of how they had skilfully supported staff to reflect on their practice, we advised that the wellbeing template should be adapted to reflect more open-ended questions. This would help promote a culture of reflecting extensively to help staff get it right for children. The management team facilitated practice observations on staff. Although detailed feedback was provided to staff, the documentation of this should be improved to clearly demonstrate specific examples, the difference this has made for children and how areas for improvement had been acted upon. This will help make the quality assurance processes robust and embed a culture of focusing on the impact and outcomes for children **(see area for improvement).**

The service's improvement plan had a strong focus on promoting children's rights. We saw examples of how children's rights were reflected in practice. For example, we observed staff skilfully support children to make responsible choices when their emotions and energy levels became heightened. This supported children to develop empathy for others. The service should enhance quality assurance systems to align with the improvement plan. This would help ensure that all staff consistently advocate on children's behalf and reflect strong values through their practice **(see area for improvement).**

Areas for improvement

1. To support children's care, learning and development, the provider should make quality assurance processes more robust. This should include but is not limited to ensuring the desired and actual outcomes for any improvements are documented and aligning staff practice observations with the service's improvement plan.

This is 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).

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

Staff deployment was effective in ensuring children's needs were met. For example, staff were allocated different areas of the service. This meant that children were well supervised and had the opportunity to spend time with staff. We advocated that staff spend longer in each area. This would make the staff rota more purposeful in enabling staff to support children to extend their interests and evaluate the impact on outcomes for children. This would also empower staff to contribute to the planning systems so this becomes a more collaborative effort.

Children benefited from a cohesive staff team who worked well together and genuinely enjoyed being at the club. There was a positive ethos of staff attendance within the club. We concluded that the investment from the management team in valuing staff, for example, through wellbeing meetings, contributed to this. All staff that we spoke to told us that they felt were supported and that teamwork was a strength of the service.

Staff were committed to supporting children and could talk about the positive difference they had made to children's development. For example, using strategies to build children's confidence and social skills. One parent commented, "Staff are excellent - so caring and I really feel they know my child well". As mentioned previously in the report, by making improvements to children's personal planning and quality assurance systems, this will help build staff confidence and skills to reflect on ways in which they have supported children to progress well.

Newly recruited staff were all given an induction resource adapted from best practice guidance: Early Learning and Childcare - National Induction Resource (The Scottish Government, 2019). This resource was in place to support staff to enhance their practice through developing knowledge and skills in early learning and childcare. However, we noticed answers to questions within the induction programme that lacked any detail. Moving forward, staff should be supported to have more purposeful conversations with their mentor to help them to fully reflect on the questions in each section. This would help to ensure that the induction became a robust process to support staff to develop their skill of focusing on the impact and outcomes for children **(see area for improvement).**

Areas for improvement

1. To support children's care, learning and development, the provider should ensure that the induction process is more robust.

This should include but is not limited to ensuring that mentors facilitate extensive reflections with new staff to support them to develop their knowledge and skills, with a focus on the impact and outcomes for children.

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).

Complaints

There have been no complaints upheld since registration.

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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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