TTA Out of School Care Ltd
Day Care of Children

Gartlea Community Centre
Hillfoot Road
AIRDRIE
ML6 9PL

Telephone: 01236762648

Type of inspection:
Unannounced

Completed on:
21 January 2025

Service provided by:
TTA Out of School Care Ltd

Service provider number:
SP2023000015

Service no:
CS2023000021

About the service

TTA Out of School Care Ltd is registered to provide a care service to a maximum of 20 children at any one time. The out of school care service is provided from one playroom within a community centre in Airdrie, North Lanarkshire. The kitchen/snack area and toilets are next to the playroom. The service has an enclosed outdoor area which children can access directly from the playroom. In addition, children have opportunities to use a large hall in the community centre for physical play.

About the inspection

This was an unannounced inspection which took place on 20 and 21 January 2025. The inspection was carried out by one inspector from the Care Inspectorate.

This was the service's first inspection.

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 most of the 15 children who attended the service on the day of our visit.
- Gathered views from one parent/carer.
- Spoke with two staff, the manager and the manager's mentor.
- Observed practice and daily life.
- Reviewed documents.

Key messages

• Children enjoyed spending time at their club. They were very happy, relaxed and confident within the setting.

• Very positive relationships had been established between staff and children.

• Children were confident in their interactions with staff and familiar with their routines.

• Staff were caring, kind and fun.

• Staff knew children and their families well.

• Management of medication should be improved.

• Recruitment processes should be more robust.

• Effective self-evaluation and quality assurance processes should continue to be developed and embedded to support a culture of continuous improvement.

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

Quality indicator 1.1 Nurturing care and support.

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed any areas for improvement.

Children told us, and we could see, that they enjoyed spending time at their club. They were happy, content and safe. Children had developed positive relationships with staff and with each other. They enjoyed spending time together and we could see some special friendships had developed. Children had opportunities to meet friends from other schools, which enabled them to socialise with wider groups of children. They spoke very positively about their friendship groups. A parent/carer commented, "My child absolutely loves the staff and has made really nice friendships with the other children."

Children were warmly greeted by staff when they arrived at their club. They were excited to see staff and happily chatted to them about their day. It was clear staff cared for the children.

Staff were good fun, kind and had a calm, gentle manner which supported children to feel safe and secure. Staff interactions were nurturing and responsive to children's needs. They knew children well and described their needs, personal preferences and personalities. Children confidently approached staff when they needed support. A parent/carer commented, "Staff are friendly, caring and approachable and I feel like I can discuss my child's learning and support with them and they will accommodate this."

Children were treated with respect, listened to and had opportunities to make decisions about how they spent their time. Staff used sensitive and consistent approaches to support individual children.

Snack time was relaxed, unhurried and a mostly positive social experience. Food and drink choices were mostly healthy and nutritious and special dietary requirements had been well considered. We found there was scope for snack times to be improved, for example providing children with opportunities to be more involved in planning, preparing and serving food. This would promote children's independence and support them to learn important life skills. We asked staff to ensure children have access to fresh drinking water throughout the session to ensure children are kept hydrated. A parent/carer told us their child really enjoyed being at the club and that they are "supported throughout all experiences and have been building great life skills, for example, helping with snacks." A child told us, "I like everything, I like talking to everyone and helping."

Children's overall wellbeing was well supported through good use of personal planning. Staff knew the children in their care very well and confidently told us about how they supported children's individual health and development needs. Information recorded about children's families, medical needs and interests helped staff to provide personalised care and support. This information was reviewed regularly with parents/carers. Online learning journals provided opportunities for parents/carers to be involved in their child's care and learning. We noted that there was scope for personal plans to be more effective and shared some suggestions with the management team.

We looked at how medication was managed in the service and found that this could be improved. While staff had a good understanding of children's health needs, record keeping and storage of medication needed to be better. We provided the management team with advice on the information that needed to be recorded

and signposted them to ' management of medication in daycare of children and childminding services.' This will help ensure the health and safety of children who used the service (see area for improvement 1.)

Quality indicator 1.3 Play and learning.

Children had good fun playing with their friends. Children had lots of time to lead their own play and staff had good knowledge of their interests and ensured activities and resources reflected these. Staff interacted enthusiastically in their play and made activities fun. They brought humour to the children's activities which the children clearly enjoyed.

Children had time to lead their own play, which was balanced with some planned and adult-led play experiences. Children had opportunities to be creative, for example they were very proud of the puppet theatre and puppets they made and after a few finishing touches, planned to put on a puppet show for the group later that week. The children also told us that they wished to develop skills in sewing and knitting and that they were working with staff to create a plan of what they would need. This demonstrated that children's ideas were respected and valued. A parent/carer commented, "The play experiences are engaging and interesting to the children. My child really enjoys discussing what they have done while at TTA."

Staff understood the importance of outdoor play to children's health, wellbeing and development and children could access the outdoor space independently in all weathers. We observed some children choosing to play outdoors for most of the session where they enjoyed playing football and team games. A child told us they enjoyed, "playing basketball, football, hop scotch with others, physical challenges and games."

While most play resources reflected the ages of the children and there were sufficient toys and equipment for them to choose from, we suggested that children would benefit from having a wider range of resources to enhance their play. For example, offering more loose parts materials and considering further how areas are resourced, would offer more choice, challenge and promote children's natural curiosity. The management team agreed to take this forward.

Children had some opportunities to engage with their local community. We suggested that providing more opportunities to visit local parks, shops and natural spaces could help enrich children's learning and help them develop positive links with their community.

Areas for improvement

1. To ensure children's health and wellbeing needs are being met effectively, the manager should ensure that management of medication is improved.

This should include, but not be limited to ensuring:

- the recording and storage of medication meets current guidance.

- audits of medication identify any areas for improvement and that these are addressed promptly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

How good is our setting? 4 - Good

Quality indicator 2.2 High quality facilities.

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed any areas for improvement.

The service is provided from a cosy playroom within the community centre. Effective security arrangements were in place. The setting was warm, inviting and comfortable. Homely touches, such as some soft furnishings and furniture helped create a welcoming environment for children and their families. Large windows provided the playroom with plenty of natural light and ventilation. Areas were spacious, providing children with opportunities to play on their own and in small or larger groups with ample space to extend their activities. Children had a separate cloakroom area where they could store their belongings. The manager agreed to give further consideration to improving this area, to ensure children's belongings are respected and cared for.

Play areas had been considered well and took account of children's interests and ideas, for example, some older children requested an area be set up with suitably sized table and chairs where they could chat and play their table games. Staff were responsive to their request and planned to continue to work with them to develop their space. We also suggested that staff and management continue to develop quieter, cosy spaces where children can relax, refresh and unwind, which would support their wellbeing.

The management team highlighted some challenges they faced with storage of toys and equipment, which resulted in children not having easy access to additional resources. We provided some suggestions that they might wish to consider, for example having a pictorial inventory where children would be able to see all the toys and equipment available to them. We also suggested using furniture more effectively within the playroom to accommodate additional resources. This would enable children to make more independent choices and ensure they have access to a wider variety of toys and equipment.

We sampled risk assessments that had been developed and found that there was scope for these to be more robust, for example, we noted that these did not fully reflect some procedures and the areas used by children (see area for improvement 1.)

Appropriate infection control procedures were in place to support a safe environment for children and staff. We saw that good hand hygiene practices were mostly carried out by children and staff.

Details of accidents and incidents were recorded and shared with parents/carers. Records were monitored regularly, which helped prevent further accidents/incidents occurring and contributed to keeping children safe.

Areas for improvement

1. To keep children safe, the management team should ensure risk assessments are reviewed and updated to reflect all potential risks to children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.17).

How good is our leadership? 4 - Good

Quality indicator 3.1 :Quality assurance and improvement is well led.

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

The leadership team had a positive attitude to change and were keen to improve the service. They engaged in open discussions with us, which provided opportunities for positive improvement conversations.

The manager was well supported by their mentor to develop in their role and make positive improvements to the service. Management valued staff and were committed to ensuring they were motivated and supported to carry out their role effectively.

Management and staff were at the early stages of developing effective self-evaluation and planning for improvement. There had been some positive developments since the service was registered, for example, strengthening child-led play approaches, reviewing routines and experiences for older children and supporting staff's professional development. This was impacting positively on the quality of children's experiences. Leaders were committed to continuing on this journey, with a focus on involving children and parents/carers in self-evaluation and further developing more robust auditing and monitoring practices. We highlighted self-evaluation bite sized videos and best practice guidance on the Care Inspectorate HUB, which could support with their improvement journey.

Staff's continuing professional development was being supported through having their work appraised by senior leaders. This provided protected time for them to reflect on their work and how this could be supported going forward. The manager agreed this approach could be strengthened, for example, ensuring staff are more involved in this process and giving consideration to how their interests and skills could be used to lead on specific areas of practice. We signposted the manager to Scottish Government's early learning and childcare national induction resource.

The service used effective methods to communicate with parents/carers. This helped keep them up to date and be involved in the life of the service. For example, welcoming them at end of the day, emails and social media was used well to share and gather information. A parent/carer told us, "Staff are always accommodating to have a chat with me if there is anything I would like to discuss with them."

The service should continue develop effective ways to consult with parents/carers to ensure the service provided meets their expectations. The service should also improve opportunities to consult with children. This would help develop the service in ways that matter to them.

When asked what would make the service better, a child told us, "I don't think anything could make it better. I love it the way it is."

How good is our staff team? 4 - Good

Quality indicator 4.3: Staff deployment.

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Staff were enthusiastic about their role and spoke positively about their work. They worked well together to create a positive, welcoming environment for children and their families. Staff were kind, caring and nurturing in their interactions with the children. They were respectful and affectionate. They respected children's rights and it was clear that the valued them and wanted the very best for them and their families.

The staff employed in the service to deliver care and support to the children were appropriately registered with the Scottish Social Services Council, the professional register for social care staff. However, we found that while recruitment procedures for those providing care and support to children were satisfactory, these needed to be more robust for others employed by the service. We found that appropriate checks had not been carried out for one member of staff who was not involved in the direct care of children and there were no recruitment records in place. We were satisfied with the actions taken by the leadership team to ensure children's safety. (see area for improvement 1.)

Adult to child ratios were consistently maintained. There were a good balance of skills and experience across the team, with new staff telling us they felt very well supported to develop in their role. Staff communicated with each other and were generally deployed well throughout the session. They mostly took time to listen, respond, and care for children, which helped them feel safe, secure and valued. They followed children's interests and engaged well in their play. At times we found that when staff were busy with tasks, which took their attention away from the children. This impacted on children's engagement. We asked management to give further consideration to these busier times, for example, snack time.

Staff demonstrated a good understanding of child development and their roles and responsibilities to keep children safe. All staff had recently attended Child Protection training with management accessing advanced training on this topic. This supported staff to keep children safe and protected.

The service had made good progress in supporting staff to refresh and further develop their skills and knowledge and plans were in place to continue with this. We suggested that staff may benefit from opportunities to further develop approaches in supporting children with additional support needs, consulting with children, promoting children's choice and providing play that supports their learning.

Areas for improvement

1. To keep children safe and protected from harm, the provider must ensure that robust recruitment procedures are in place that reflect best practice guidance.

This should include, but not be limited to ensuring:

- all staff employed by the service are safely recruited.

- all staff have appropriate recruitment files in place.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24.)

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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