

# Towerbank After School Club Day Care of Children

Towerbank Primary School  
Figgate Bank  
Portobello  
Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
11 October 2022

**Service provided by:**  
Towerbank After School Club Limited

**Service provider number:**  
SP2011011392

**Service no:**  
CS2011280480

## About the service

Towerbank After School Club is provided by Towerbank After School Club Limited. The service is registered to provide a care service for a maximum of 80 children at any one time of primary school age.

The service is located within Towerbank Primary school in the Portobello area of Edinburgh. The accommodation they have access to includes office/kitchen space, a music room, the downstairs hall, the gym hall, toilet facilities and use of the school playground. There are also local amenities, transport links and outdoor spaces to use nearby.

## About the inspection

This was an unannounced inspection which took place on 5 October 2022 between the hours of 14:30 and 17:45. We also returned on 6 October 2022 between the hours of 14:15 and 17:45 to continue with the inspection.

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 to and interacted with children using the service
- spoke with staff and the manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- took into account feedback we received from families. Feedback we received included information about communication, staff interaction with children and children's experiences. We discussed the feedback we received with the manager and provider's representative whilst maintaining families' confidentiality.

We provided feedback to the manager and provider representative on 11 October 2022 by video call.

## Key messages

The service was welcoming and the majority of children were settled, confident and engaged in their environment.

The majority of staff knew the children in their care well. Information was shared with new staff to ensure they were aware of children's care and support needs.

Further work was needed to improve upon some children's personal plans to clearly outline the strategies of how their individual needs will be met and planned for.

Further work was needed to improve upon the daily snack routine to provide a choice of when children have snack, support independence and to minimise the disruption to play.

Outdoor play experiences were routinely available for children meaning that they were able to be active in the fresh air. Further action was needed to facilitate children's choices by providing both indoor and outdoor play options throughout the session.

To ensure children's choice and wellbeing, further work was needed to ensure that the indoor environment was fully set up each day to provide a variety of resources and experiences including cosy, quiet areas.

To support positive outcomes and choices for all children throughout the session, improvements were needed to ensure that the staffing deployment and staff engagement with children is consistent to plan and meet children's individual needs.

The provider must continue to make improvements to ensure that quality assurance processes support the self evaluation of the service and promote a culture of 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

## How good is our care, play and learning?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 1.1: Nurturing care and support.

Staff were caring in their approaches with children who were welcomed on arrival to the setting. This meant that children had the opportunity to talk about their day and ask questions as they settled into the session. We saw children had positive relationships and interactions with the majority of staff. This meant that children were able to approach staff when they needed some support. Some staff were new to the service and they were being supported by the manager and staff team to get to know the children in their care and the routines of the day. For example, by supporting children in their play experiences and their general care and support needs.

Some children needed help at different points of the day and we saw how they were sensitively supported and reassured by staff. For example, when they needed first aid. However, at times there were missed opportunities by staff to identify and respond to some children's individual needs and cues. For example, interacting with children who were not engaged in play experiences or those who needed some additional support. This meant that there was the potential for some children not to get the support they needed at the right time. Further action was needed by the service to ensure that children's individual needs and cues are supported and responded to effectively throughout the session (see area for improvement 1).

Snack time took place at the start of the session for all children. This was a busy and noisy time with children not being able to choose when to have snack. Children had to queue up for snack and were served by staff. As a result, their independence and social engagement opportunities were limited. By the time some children were served, other children had finished their snack. This meant that some children became unsettled as there were no alternative play opportunities set up for them. Therefore, children's individual needs or choices were not taken into account. Further action was needed to improve the snack routine to support this to be unhurried and relaxed atmosphere. The service should consider the provision of a rolling snack throughout the session. This would help children to be able to choose when to have their snack and also facilitate children to learn life skills by pouring their own drinks and serving themselves. This would need to be supported by staff to ensure that children are kept safe. For example, for children with dietary requirements and allergies (see area for improvement 2)

Children's overall wellbeing was supported as all children had a personal plan. The personal plans took into account the wellbeing indicators and information gathered from families. Systems were in place to review this information regularly to ensure it was kept up to date. For example, children's medical or medication needs. For children with specific allergies, an allergy care plan outlined the strategies of support needed to support their wellbeing and safety. Further action was needed to store the strategies of support alongside the medication. This would ensure that all staff are able to access and consult all relevant and up to date information to support children's needs in one place. Some children had additional individual support needs that were known by the manager and staff. Their personal plan information needed to be improved to clearly outline the strategies of support needed from staff and how these would be effectively planned for. This is in order to ensure that children get the right support to reach their full potential (see area for improvement 3).

### Quality indicator 1.3: Play and Learning

Children's play and learning experiences took into account some of their interests and suggestions. This information was gathered as part of their personal plan as well as through discussions with children about ideas for new resources. New resources including board games were provided to the children during the inspection. These were positively received and children were enjoying learning the rules of the games and playing with peers and staff. Further action was now needed to ensure that when new opportunities and resources were provided, this was shared with families. This would ensure that children who do not attend every day are kept up to date with information about play opportunities and resources available to them.

The majority of children were able to have fun and experience a variety of play and learning experiences. We observed some children's play experiences being supported by staff. For example, card games, ball games and learning the rules of the new games. Feedback from families also outlined that children enjoyed sports, the playground, gym hall and arts and crafts. However, at times during the session, not all children were engaged in the play experiences or the resources available. We identified that there were some missed opportunities by staff to support individual children's choices and interests. For example, access to both indoor and outdoor play throughout the session. Feedback from families also indicated that at times, children were bored and further opportunities and interactions from staff were needed to stimulate them. This included providing quieter times and activities to support their wellbeing. Further action was therefore needed by staff to improve children's play and learning experiences by taking into account their interests and choices (see area for improvement 4).

### Areas for improvement

1. To support the wellbeing and nurture of children, the provider should ensure that children's individual needs and cues are effectively supported and responded to by staff.  
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:  
'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).
2.  
To support children's wellbeing and choice, the provider should ensure that the snack time experience is improved. This should include supporting children's independence to serve themselves and also a choice of when to have snack.  
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:  
'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).
3. To support the wellbeing and nurture of children, the provider should ensure that personal plans clearly outline the strategies of support for children with any individual support needs. This should include how these will be effectively planned for and met by staff.  
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 my 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) .

4.

To support children to be meaningfully engaged and involved in leading their play, the provider should ensure that there is a choice of indoor and outdoor play and experiences that are reflective of children's choices and interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

#### Quality indicator 2.2: Children experience high quality facilities

Children benefitted from a welcoming environment which had natural light and ventilation in the rooms they used. To maintain safety, the environment was secured through the use of an entry buzzer system via the main school entrance.

Daily risk assessments of the environment were carried out by staff to assess the safety and suitability of the environment. Where any issues were identified, these were reported to the school for maintenance to be carried out. The risk assessment prompt information was not routinely completed each day and this meant that there was the potential for areas to be missed or not consistently reported. Further action was needed to clearly document issues including the action then taken as a result. This would ensure that all staff were aware of any issues, the action taken and any changes to practice needed as a result to maintain children's health and safety. For example, there was loose flooring tape in the hall, a broken toy and some of the rooms allocated to the service were not accessible. The development and consistent use of risk assessment information and prompts for staff may assist them to identify such issues and other key areas that require attention. This would ensure that children experience a safe and high quality environment (see area for improvement 1).

The indoor areas were not well presented or attractively set up throughout the session. This meant that children did not experience exciting and stimulating play spaces or consistent resources that reflected their interests. There were also no cosy or comfortable areas for children to enjoy a quiet space or activity. Children spent a lot of time outdoors in their groups, this meant that some of the indoor resources were not accessible. For example, books and art activities. Some children did request paper and pens to take outdoors to use. Whilst this was provided, children had to kneel on the ground to use the benches as a table. We discussed that resources need to be further planned for to support children's individual interests and to provide a varied and balance of activities. This would enable children to reach their full potential (see area for improvement 2).

Children had regular access to the fully enclosed outdoor play area for fresh air and active play. For example ball games and loose parts play. Children could not independently access the outdoor play experiences without staff. Therefore, children's choice of whether to play indoors or outdoors was limited as this was a majority decision within their group. This meant that children were unable to lead their own play. Therefore, further action was needed to support children's choice of indoor and outdoor play throughout the session (see area for improvement 2).

Due to children's age, they independently washed their hands without staff supporting or monitoring this. There were sinks located in the toilet facilities and also a sink in the main hall. Some children washed their hands at different sinks including using facilities prior to their arrival at the setting. However, this meant that staff did not know if children had washed their hands in line with national guidance. For example, for 20 seconds before and after snack and after outdoor play. Further action was needed by staff to ensure that children wash their hands effectively to maintain their health and understanding of the importance of these routines (see area for improvement 3).

### Areas for improvement

1. To support a safe environment for children, the provider should ensure that the risk assessment and prompt information is effective and consistently used by staff. This would support staff to identify and document any issues or potential risks and the necessary action taken.

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

'My environment is safe and secure' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. To support children's interests and choices, the provider should ensure that both indoor and outdoor play options are provided. Children's play experiences and resources should also be well presented throughout the session and offer cosy, comfortable areas for children to enjoy a quiet space.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices'. (HSCS 5.21).

3. To support children's health and safety, the provider should take further action to ensure that appropriate hand hygiene routines for children are consistently carried out in line with national guidance.

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

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 3.1: Quality assurance and improvement are led well

There was a shared vision, values, aims and objectives to support the needs of children and families. The service had developed an action plan to identify how to make improvements following the previous inspection. Further work was now needed for the service to develop an improvement plan to identify the key priorities for their ongoing journey for improvement. We discussed the importance of involving both

staff and families to help reflect on practice and to influence change within the setting. This would support a culture of self evaluation for improvement and keep people up to date with developments.

The manager demonstrated the quality assurance processes that they used to assess the service. This included regular emails and meetings with staff as well as carrying out observations and supporting practice during the session. These processes helped to reflect on practice and identify changes needed to support positive outcomes for children. However, there were gaps in the quality assurance processes and this meant that some areas that needed improvement had not been identified by the service. For example, the quality of children's experiences as outlined in Key Question 1: How good is our care, play and learning? and Key Question 2: How good is our setting? In addition, staff files needed to be improved to clearly demonstrate that safer recruitment guidance had been followed. For example, the dates of when recruitment information had been requested and received. Further action was needed to improve the quality assurance processes to support the effective monitoring of the service. This would underpin a culture of continuous improvement to support positive outcomes for children (see area for improvement 1).

The manager and provider representative were reflective during the inspection process and were committed to the ongoing improvements of the service. To further support a culture of improvement and self-evaluation, we directed the manager to the Care Inspectorate's website and 'The Hub' for access to Early Learning and Childcare Improvement programme. For example, the bitesize sessions on Quality Improvement. To support their reflective and consistent practice, the manager and staff team should also keep a record of any changes made to their practice as a result of any training attended, documents or publications used.

## Areas for improvement

1.  
To ensure that children and parents experience a service which promotes high quality care, play and learning experiences, the provider should ensure that there is a culture of continuous improvement. To support this, quality assurance processes should be developed to help assess and highlight areas for improvement in line with best practice and national guidance.

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

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 4.3: Staff deployment

Staff were friendly in their approach and interactions with children. There was enough staff to meet the recommended minimum number of staff to child ratios. However, at times the approach to staffing was not outcome focused to meet children's individual needs, interests and choices. This was due to the layout of the environment, routines of the day and staff carrying out key tasks. This meant that there was the potential for some children not to get the support they needed at the right time. For example, during outdoor play children were accessing the building without a staff member to go to the toilet or access a drink. Although staff knew of children's location and monitored this on the register, a staff member was



not always present in the building (see area for improvement 1).

At times, there was a varied approach by staff to recognise and consider children's individual needs and those who were not engaged in an activity. This meant there was an increased potential for children's individual needs to be overlooked and staff to miss opportunities to provide responsive care and support. Feedback from some families also indicated that to support and enhance children's play experiences, further staff engagement was needed (see area for improvements 1 and 4 as outlined in key question 1: How good is our care, play and learning?).

There were some points across the day where there were potential gaps in staff availability to provide a high quality environment and experiences for children. A clearer and consistent approach to identifying staff roles and responsibilities would support them to be able to carry these out effectively. For example, the setting up of the indoor and outdoor play opportunities and the assessment of the environment (see area for improvement 1 and area for improvement 2 outlined in key question 2: How good is our setting?).

### Areas for improvement

1. The provider should support children's safety, needs, interests and choices by ensuring there are appropriate staffing levels at all times. Staff should be suitably trained, qualified and deployed effectively to secure positive outcomes for all children.

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

'My needs are met by the right number of people' (HSCS 3.15) and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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