

Youthzone Day Care of Children

Mercury House
Research Avenue North
Heriot Watt Research Park
Edinburgh
EH14 4AP

Telephone: 01313 471 027

Type of inspection:
Unannounced

Completed on:
27 September 2023

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2010239197

About the service

Youthzone is registered to provide a care service to a maximum of 26 children and young people aged from entry to primary school up to 18 years of age who currently attend primary and secondary school at any one time.

The service may operate as follows:

- Saturdays and Sundays throughout the year: a maximum of 12 children and young people who currently attend primary or secondary school may be cared for at any one time from Mercury House, Research Avenue North, Heriot Watt Research Park, Edinburgh, EH14 4AP.
- Saturdays and Sundays throughout the year: until 31 January 2024 a maximum of 12 children and young people who currently attend primary or secondary school may be cared for at any one time from Capability Scotland, Units 9-15 SPACE, 1 Harewood Road, Edinburgh, EH16 4NT.
- School holidays: a maximum of 26 children and young people aged from entry to primary school up to 16 years of age may be cared for at any one time from Kaimes Special School, 140 Lasswade Road, Edinburgh, EH16 6RT.
- School holidays: a maximum of 26 children and young people aged entry to primary school up to 16 years of age may be cared for at any one time from St. Crispin's School, 1 Burdiehouse Crescent, Edinburgh, EH17 8EZ.

The service's main premises is located within the grounds of Heriot Watt, Riccarton on the outskirts of Edinburgh. The service has sole use of the accommodation at this time and this includes use of a number of rooms. During the inspection, children used the sensory room, main playroom/café area, a smaller playroom and toilet facilities. Other areas are also available in the building for specific activities including an art room and kitchen. Outdoor space is also accessible including a garden area and a trampoline. The garden area is currently not fully enclosed.

The service's other premises at Harewood Road is located in Craigmillar, Edinburgh. During the inspection, children used, the sensory room, main playroom/café area and toilet facilities. The service does not have an enclosed outdoor space at this site. Local community areas are used for outdoor experiences.

Both of these premises are close to transport links, parks and other local amenities.

About the inspection

This was an unannounced inspection which took place on Saturday 23 September 2023 between the hours of 09:15 and 13:50 at Youthzone's premises at Capability Scotland, Units 9-15 SPACE, 1 Harewood Road, Edinburgh, EH16 4NT. We then continued the inspection on Sunday 24 September 2023 at Youthzone's other premises at Mercury House, Research Avenue North, Heriot Watt Research Park, Edinburgh, EH14 4AP.

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 and interacted with children using the service
- spoke with staff, the manager and business development manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- took into account feedback we received from 12 families.

We provided feedback to the manager and business development manager on 27 September 2023.

Key messages

Children experienced a caring and welcoming approach at the service.

Children's personal plan information was used by staff to know about and meet children's care and support needs. The information held was to continue to be developed to ensure that this was fully reflective of children's current interests and any new individual strategies of support with staff.

Risk assessment information had been developed to support a consistent approach by staff to identify and minimise any issues with the environment. This helped keep children's safe.

Quality assurance processes had been developed by the management team and were now to be implemented. These processes would support the ongoing evaluation and development of the service in consultation with families.

The deployment of staff should continue to be assessed by the management team to support the consistency of children's individual care and experiences.

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?	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?**4 - Good**

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

Quality indicator 1.1 Nurturing care and support

Children experienced a welcoming and nurturing approach from staff. As a result, this helped children to settle into the session and establish positive relationships. Feedback we received from families included, "The staff are super friendly and very relaxed when meeting my son. He walks in without any issue" and "The staff are all lovely and extremely nurturing" and "I like this service as it is led by the children, they choose what they want to do. The staff are really friendly".

Children attended the service on set days and therefore not all children attended the same day or every week. As a result, prior to children's arrival, staff familiarised themselves with children's personal plan information and were provided with any additional information from the team leader. This meant that staff were kept up to date of any changes and how to support children's individual needs effectively.

Children experienced mealtimes that were unhurried and relaxed. They brought their own foods from home and this meant that their individual dietary requirements were catered for. Children's individual table mats also outlined key information about the support they needed for feeding and any allergens as appropriate. Staff sat with children which encouraged social interactions and helped keep children safe. For example, minimising the potential of choking. We discussed that in line with best practice, staff should ensure that the foods children eat are further assessed and cut where necessary to further safeguard children. This should be done in consultation with families to acknowledge children's varied needs.

Systems were in place to support the gathering of children's personal plan information including their individual care and support needs, dietary and allergy needs, medical needs and strategies of support. Feedback we received from families included, "The management staff are very competent, with excellent communication and knowledge of our sons needs. They are a joy to work with". Since the previous inspection, progress had been made to review some children's personal plan information in consultation with families. This had helped ensure that information was up to date. Not all children's personal plan information had been reviewed with families and this was currently being progressed. Children's personal plan information should be developed further to ensure these were clearly reflective of children's current interests, boundaries and any updates to strategies of support. This would help direct staff to key information. For example, any communication strategies that children had responded well to or those that had not been effective during sessions. This would support children to reach their full potential and ensure their changing needs and interests are effectively planned for. Whilst progress had been made, the area for improvement made in the previous report remains in place (see area for improvement 1).

Quality indicator 1.3: Play and Learning

Children experienced a variety of play and learning opportunities and these varied depending on the session and venue that they attended. For example, some children enjoyed an outing to a swimming session and some went on a local walk to the park. Some children also took part in activities including music and dancing, sensory play, a scavenger hunt in the garden, outdoor trampolining and reading books with staff.

This meant that with staff support, the majority of children could lead their own play and make choices from a range of experiences.

Feedback from families included, "She has never been on any trips other than walking in the surrounding area since she started", "It gives my son independent time away from us where he is encouraged to explore new activities and also enjoy the ones he is already engaged with" and "I love how they encourage my child to make friends within his community, teach them life skills and make them more active".

Staff generally knew about children's current interests as well as experiences they enjoyed outwith the setting. However, this information was not always outlined in their personal plan. Children's interests and aims should be regularly reviewed to ensure that these were kept up to date and taken into account when planning activities and experiences in the setting. This would help ensure that there is sufficient challenge and engagement opportunities for all children. Feedback we received from families about what would make the service better included, "Focus on child's individual skill and what child likes for example, art, cooking, swimming, any sports etc", "More exciting activities/trips/swimming etc" and "More trips out for those children who can go out, and more activities that might improve her life skills and independence".

Children's language and communication was supported through the use of visual boards outlining the routine for the day, reading books, sensory play and singing. Staff used pictures to support communication with some children and further staff training in 'sign a long' was also supporting further communication strategies.

Areas for improvement

1. To maximise the wellbeing of children, the provider should ensure that all personal plan reviews are carried out a minimum of once every six months in consultation with families. This should include clearly outlining changes or updates to the strategies of support and how these will be effectively planned for 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).

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children's wellbeing was supported as they experienced an environment that was clean, warm and had plenty of natural light. Some children's health was further supported with opportunities to go swimming or to access outdoor activities during the session. Feedback we received from families included, "It provides a safe, supportive environment for our child while also giving him the opportunity to explore the surrounding areas safely".

In consultation with families, outdoor experiences were not available for all children attending as the outdoor space at both sites were not fully enclosed. Feedback we received from families included, "If the outdoor space could be looked at, either given a bit safe well maintained space and also some equipment

that would be a great asset to the service for the children". This had been discussed at the previous inspection and the management team were currently assessing outdoor options and funding availability. Some children enjoyed spending time and activities in the adjacent garden areas at one site. We discussed that to further ensure children's safety and support their choices, the staffing levels outdoors should be reviewed (See area for improvement 1 under How good is our staffing?).

Systems had been developed to support the risk assessment of the indoor environment and children's safety. Any issues identified were reported to the appropriate department and staff were made aware of any alternative action in place. For example, new recent issues that had developed with some doors being unusable at the Riccarton setting and alternative exits were to be used if needed. We discussed the importance of the action taken as a result to continue to be monitored and shared with the manager to ensure that these are progressed timeously. To further support hand hygiene routines, we discussed hand drying facilities should be enhanced within the main play area known as 'the café area' of both premises. Risk assessment and quality assurance processes should continue to be developed to help identify any potential hazards and to maintain a safe environment. For example, ongoing door security and the safe use and location of kettles if these are to be used in the setting.

Children's curiosity and choice of play was supported as the indoor spaces were set up with a variety of resources. To support consistency of practice, photographs were used to demonstrate to new staff about how to set up the environment. Since the previous inspection, this had been enhanced with the development of some cosy spaces for children to relax and also additional resources. We discussed that further attention to detail was needed to ensure that puzzles contained all the pieces and colouring pencils were fit for use. Feedback from families included, "The setting is fantastic, he loves the sensory room and play areas, especially the trampoline" and "The issue is with all the different needs being grouped together as sometimes it's not a calm environment for my child". During the inspection, not all children engaged with the activities and resources available and we discussed that the management team should consider the layout and the room locations. This would help assess if different types of play in different rooms would support children's engagement and choices.

How good is our leadership?

4 - Good

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

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

There was a shared vision, values and aims which helped inform staff practice. Since the previous inspection, the improvement plan had been developed to take into account 'A quality framework for daycare of children, childminding, and school aged children 'Care Inspectorate 2022'. This had helped the management team to identify the key strengths of the service and areas for development. This information was due to be shared with families to ensure they were kept up to date with the areas identified and any progress made.

Newsletters were used to share information with families and also provided the opportunity to give feedback to help influence change. For example, a recent survey about the routine use of technology devices by children helped inform changes to practice. Feedback from some families indicated that they were not fully aware of the experiences and activities available to their child at the setting. To support this communication, the manager planned to share additional information with families through more regular newsletters. Further on line systems had also been developed to enable families to be able to give feedback

about the service at any time. This demonstrated that feedback from families was valued to help support the evaluation and development of the service.

Quality assurance was at an early stage and newly developed systems were due to be implemented by the management team. These included the assessment of children's personal plan information and also observations of the sessions and staff practice. This would help support the self-evaluation of the service and the ongoing culture of improvement to enhance outcomes for children. These processes should To further support this, we directed the manager to best practice information located on the Care Inspectorate's website and 'The Hub'. For example information about personal planning, medication and practice notes to support children's safety and experiences.

Quality assurance processes needed to be continue to be reviewed to ensure that health and safety issues are identified and rectified on an ongoing basis. For example, ensuring that staff personal belongings including their mobile phone were stored out of reach of children. Whilst boundaries were in place, to further safeguard children, staff personal phones should not be used for work purposes. To facilitate communication between staff and the management team in the settings, an alternative to staff personal mobile phones should be considered. For example, the use of walkie talkies or work phones .

Children's views and opinions about their care, play and learning were valued by staff and children's response to the session was documented each week. As outlined under 'How good is our care, play and learning'?, information gathered during the session should be used to help inform future sessions. For example, children's aims and interests. This would help ensure that children and their families benefitted from the service's culture of continuous improvement.

Children's attendance varied depending on their contracted placement with the service. This meant that some children's friends did not always attend the same sessions and this potentially had an impact on their experiences and enjoyment. We discussed this with the management team and for this to be considered as part of their quality assurance processes and placement planning in consultation with families.

Feedback we received from families included "More of it please! He loves going and expects that each weekend he will be going to Youthzone, but sadly every other week, we have to explain he's going the following week", "Very happy with the service" and "We only wish (child's name) could attend more than once every other week, he loves playing in the centre and we love that he is making friends".

Induction processes, team meetings and training, including child protection, helped support staff knowledge and a consistent approach to their role. However, the majority of staff were not qualified or working towards a relevant qualification to meet their professional registration. We discussed this with the management team and this was to continue to be reviewed with staff as well as ensuring that their professional registration was reflective of the role they carry out.

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

Children's wellbeing was supported by staff having a respectful and caring approach. Regular communication with families from the management team helped to build strong relationships and share

relevant information to support children's care and support needs. Feedback from families included, "I love how enthusiastic and competent the staff are, they have coped admirably with all our sons needs".

Feedback we received from some families indicated that they did not always know the staff within the setting. Whilst the management team recognised the importance of ensuring that the service was appropriately staffed, for some children, they were supported by different staff each time they attended. This was due to the varied working pattern of staff due to their availability and the pattern of contracted attendance for some children. To minimise the impact of staff changes, staff familiarised themselves with children's personal plans before the start of the session and more experienced staff were matched with some children. The management team ensured that the manager or a team leader were also in attendance at each session. This helped support the sharing of information when families arrived to the setting and introduce staff to the children they were supporting that day. We discussed that staffing approaches should continue to be reviewed to minimise the impact of staff changes for children's experiences. For example, for children who have 1:1 support and to facilitate consistency for children's personal care routines. This would help children to build upon positive relationships with key staff and to feel safe and secure (See area for improvement 1).

Feedback we received from families included, "If the service was every fortnight instead of cancelling the last weekend of a five week month which disrupts the flow of the service" and "It is also frustrating when provision is cancelled with short notice due to staff shortages". The management team advised that the last weekend of the month was when staff training took place. For example, signalong had taken place recently to support communication skills with children. We discussed with the management team that the sharing of this information and consideration of the impact on the flow of the service should be considered as part of their improvement planning.

We discussed that staff deployment should also take into account of the layout of the buildings and staffing levels outdoors in the garden. When outdoors, staff would have benefitted from having additional staff support to enhance children's experiences and further ensure safety. For example, retrieving children's belongings or when children wanted to make different choices. Feedback we received from families indicated that they were nervous of their child being outside with only one member of staff given the location of the setting and potential for children to run away. We discussed the role of the team leaders with the management team as they were not always supernumerary in the setting. This meant that their availability to observe staff practice and offer support where needed was limited at these times. We discussed with the management team that staffing levels indoors and outdoors should be reviewed to further safeguard children and enable staff to respond effectively to individual interests and needs (see area for improvement 1).

Areas for improvement

1. The provider should support children's health, welfare and safety needs by ensuring that effective staffing levels are in place at all times.

To do this, the provider should:

- a) ensure that staff deployment takes into account the mix of skills, experiences and qualifications of the team
- b) ensure a consistent approach to staffing to support children's individual care and support needs
- c) ensure that staffing levels are appropriate to support children's individual needs and safe access outdoor experiences.

This is to ensure that care and support is consistent with 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).

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 maximise the wellbeing of children, the provider should ensure that all personal plan reviews are carried out a minimum of once every six months in consultation with families. This should include clearly outlining changes or updates to the strategies of support and how these will be effectively planned for 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).

This area for improvement was made on 8 March 2023.

Action taken since then

Progress had been made to review children's personal plan information with families. This had included linking information to the wellbeing indicators. Some personal plans reviews were still to be completed and were being actioned by the management team. Some reviews indicated that no changes were needed. However, we discussed that some strategies of support including children's boundaries, responses to activities, their aims and achievements, their interests and any action taken as a result should be clearly outlined. Some documentation systems within the personal plans could be further enhanced to support the documenting and the effective planning of this. This would then facilitate communication between different staff supporting children during their attendance and further support positive outcomes for children.

This area for improvement has not been met and remains in place under How good is our care, play and learning?

Previous area for improvement 2

To support a safe environment for children, the provider should ensure that risk assessment information and prompts are developed to identify potential risks or issues and how these would be minimised. This would support effective and consistent checks of the environment to be carried out by staff and maintenance issues to be addressed timeously.

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).

This area for improvement was made on 8 March 2023.

Action taken since then

Risk assessment checklist information had been developed for both premises to support a consistent approach by all staff. Where issues were identified, these were then reported by the team leader or manager to the maintenance department. Whilst issues were reported, these were not always actioned timeously and feedback about the progress being taken and the timescale for responding would be helpful for the management team.

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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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