



Childcare Inspection Report on

Clwb y Ddwylan

Ysgol y Ddwylan
New Road
Newcastle Emlyn
SA38 9BA

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh



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Description of the service

Clwb y Ddwylan is an out of school club service situated at Ysgol y Ddwylan, Newcastle Emlyn. The club has been registered since July 2012. It can provide care for a maximum of 40 children aged between four years old and 12 years old. The club operates between the hours of 15:30 and 18:00 during term time from Monday to Friday as well as 8:00 to 18:00 Monday to Friday during school holidays. The club has access to the main hall in the school as well as the outdoor area of the school.

Mererid Morgan is the responsible individual on behalf of Clwb y Ddwylan and the person in charge is Sharon Thomas.

Summary of our findings

1. Overall assessment

This was a focused inspection to test compliance in relation to non-compliance highlighted at the previous inspection. These related to the leadership and management of the service.

A lack of leadership at the service has affected how the service has been run.

Leaders have made some minor improvements to the service. However, we found that areas of non-compliance identified at the previous inspection had not been actioned.

2. Improvements

The provider had made some improvements to the service since the last inspection. Leaders had undertaken a quality of care review. During our visit, access to the premises was secure as staff members were at the door and we were asked to sign in at the school's reception. A lost/not collected child policy was now in place.

3. Requirements and recommendations

During the last inspection we found that the provider was not providing the service with sufficient care and as a result we issued a non compliance notice. During this inspection, we found that the service remains non compliant. Details regarding the non compliance can be found at the back of the report.

Because these issues have been identified previously and are systemic in nature, the notice remains open to ensure that they take action to address these matters.

We also made a recommendation to the provider in relation to the environment. This is detailed at the back of the report.

1. Well-being

Summary

As this was a focused inspection, we did not fully consider this theme. However, we noted that children are well settled and enjoy their time at the club. They are content and relaxed and generally interact well with each other and staff. They experience a selection of play activities during the session. This theme will be considered in full at future inspections.

2. Care and Development

Summary

This was a focused inspection that looked at leadership and management. We did not focus on areas of care and development on this occasion as we carried out a full inspection in December 2017. This theme will be considered fully at future inspections.

3. Environment

Summary

This was a focused inspection that looked at leadership and management. We did not focus on areas of care and development on this occasion as we carried out a full inspection in December 2017. This theme will be considered fully at future inspections.

4. Leadership and Management

Summary

We found that the quality of leadership and management is poor and that the service is not well run, with due care and attention to all regulations and national minimum standards. Significant improvements are needed.

Our findings

4.1 How effective is leadership?

Leaders still do not run a service that is compliant with all the regulations and which meets the national minimum standards.

Not all issues highlighted at previous inspections had been rectified by this inspection visit. Whilst the risk to children and the impact on them is relatively small, these are systemic issues. Non-compliance relating to hazards and safety, suitability checks for staff and employment of staff was found to be ongoing and we therefore followed this up via our securing improvement and enforcement process.

The person in charge told us that the responsible individual was contactable by phone for support if help was needed and was supportive. The statement of purpose had not been updated to fully reflect changes and was therefore not accurate. It stated that the club is open between 3:30pm and 5:30pm, Monday to Thursday however we were told that the club opens until 6pm, Monday to Friday. It also states that children will be encouraged to participate in the planning and evaluation of activities and ideas. During both visits, the resources had been brought in by staff members without prior consultation with the children. The statement of purpose did not meet all regulatory requirements as well as meet the national minimum standards as it did not include the address of the service, activities offered, reference to the admissions policy and arrangements for dealing with any emergency. There was a lost/not collected child policy in place during this visit.

We saw records that showed the most recent fire drill had been carried out in November 2017. We notified the provider during the last inspection that these records needed to show the number of children and staff present along with the time of the drill. There was no issue regarding the frequency of fire drills during the previous inspection, however we found that no fire drills had been practised since the previous inspection. The Emergency Procedure Policy stated “fire drills will be practised at least half termly.”

Risk assessments had not been developed following the issue of a notice during the previous inspection. We found there were no risk assessments in place for the areas used by children, which included a large outdoor area, and there were no risk assessments in place for activities. Children did not access the outdoor area during this inspection visit. We did not view any obvious risks during the visit. We asked the person in charge if any other

risk assessments were available and we were told that she did not understand why they needed to be in place as they operated from a school building. During this visit, we viewed one risk assessment completed by the person in charge for a day visit during the holiday club, which was dated 8 August 2018. During the previous inspection, we discussed risk assessments with the responsible individual during inspection feedback and were told that these would be compiled and forwarded to Care Inspectorate Wales. This issue had not been rectified by the second inspection visit.

During our initial inspection visit, we raised our concerns regarding unauthorised access as we entered the school building through an open door and gained access to the after school club without being asked who we were or the purpose of our visit. This had been rectified and measures put in place during this inspection visit. Upon arrival, two staff members stood at the school doors and asked us to sign in at the school reception before being taken to the after school club.

Leadership at this service continues to be lacking.

4.2 How effective is self evaluation and planning for improvement?

A quality of care review had been undertaken following the issue of a notice at the previous inspection, however not all views had been formally considered.

Since the last inspection, leaders had carried out a review of the service and produced a report of the review. This report stated that the views of children, staff and parents had been sought with children completing feedback questionnaires, and parents and staff sharing their views verbally. The person in charge told us that children had drawn pictures and these were displayed, however the display had since been taken down. When asked how they gather children's views, we were told "we just ask them, and then do it." We did not view any children's questionnaires and the person in charge told us that children had not completed questionnaires.

The review identified areas for improvement and we saw some of these being implemented during the second inspection visit, which included children being offered a healthier snack and children assisting staff during snack time by distributing plates and cups. Other improvements noted in the review had not been actioned, including updating staff files and completing risk assessments. The responsible individual states clearly in the review that she wishes the post to be taken up by someone else.

Leaders do not have an effective system for gathering people's views and implementing an improvement plan.

4.3 How effective is the management of practitioners, staff and other resources?

Staff and resources are managed ineffectively.

During the previous inspection, we notified the provider that they were non compliant as they had not informed CIW of staff changes. CIW had not received any information regarding these staff changes prior to this inspection visit. The service therefore remains non compliant. Staff files were put in place during the previous inspection, however not all suitability documentation was in place for all staff members. This remained the same during the inspection visit. All staff files viewed during this inspection visit were missing employment date and proof of ID. Two staff files were missing their DBS issue date, three staff files were missing a job description and one staff file was missing a reference, work history and medical declaration of health. No improvements had been made regarding suitability documentation in the staff files. During the previous inspection, we found that no appraisals or supervision sessions had taken place in relation to the staff members' roles at the service, however the responsible individual had noted in the quality of care review that all staff supervisions would be carried out during the summer 2018. We spoke to the responsible individual during the inspection and she informed us that she had carried out one to one supervision sessions with staff during August 2018 and all supervision records were stored on her personal laptop. We asked staff members during the visit if they had an opportunity for one to one supervision with the responsible individual or the person in charge and they told us they had seen the responsible individual during the summer, however no one to one supervision sessions were held.

Management of staff is not effective.

4.4 How effective are partnerships?

As this was a focused inspection, we did not inspect this key area. However, this theme will be considered fully at future inspections.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- General requirements of the responsible individual

The responsible individual was not providing the service with sufficient care because she had failed to ensure the service complied with regulations relating to the statement of purpose; risk assessments; suitability of staff as not all suitability checks were in place; staff supervisions are organised and carried out along with annual appraisals. We found that the provider remains non compliant and the issues raised have not been addressed.

5.2 Recommendations for improvement

The following recommendation was made at the previous inspection and still requires consideration:

- staff practise fire drills regularly and record actual time, along with the number of children and staff present during a fire drill.

6. How we undertook this inspection

This was a scheduled focused inspection to test compliance of the issues identified at a previous recent inspection.

The visit, undertaken by one inspector, took place over two hours on 6 September 2018. During the visit we:

- observed the care provided
- spoke to the person in charge and staff members working for the service;
- spoke to the responsible individual over the telephone and
- viewed records/documents including: staff files, risk assessments, policies and procedures and the service's statement of purpose.

Further information about what we do can be found on our website:

www.careinspectorate.wales

7. About the service

Type of care provided	Children's Day Care Out of School Care
Responsible Individual	Mererid Morgan
Person in charge	Sharon Thomas
Registered maximum number of places	40
Age range of children	4-12 years old
Opening hours	Monday to Friday 15:30-18:00
Operating Language of the service	Both
Date of previous Care Inspectorate Wales inspection	11 & 20 December 2017
Dates of this inspection visit	06 September 2018
Is this a Flying Start service?	No
Is early years education for three and four year olds provided at the service?	No
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'active Offer' of the Welsh language and intends to become a bilingual service.
Additional Information:	



Care Inspectorate Wales

Children and Families (Wales) Measure 2010

Child Minding and Day Care (Wales) Regulations 2010

Non Compliance Notice

Childrens Day Care

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

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Leadership and Management	Our Ref: NONCO-00006653-GBJJ
Non-compliance identified at this inspection	
Timescale for completion	12/10/18
Description of non-compliance/Action to be taken	
Regulation number	
General requirements of the responsible individual The responsible individual was not providing the service with sufficient care because she had failed to ensure the service complied with regulations. Action to be taken: Ensure the club runs in line with regulation by updating the statement of purpose; risk assessments are compiled; staff supervisions are organised and carried out along with annual appraisals and staff files include the documentation required by regulation. Forward evidence of the above along with updated documents to Care Inspectorate Wales.	9 (1) (a)
Evidence	
<ul style="list-style-type: none"> - The responsible individual is not compliant with Regulation 9. - This is because the responsible individual was not providing the service with sufficient care because she had failed to ensure the service complied with regulations. - The evidence: We inspected Clwb y Ddwylan in December 2017 and issued two non compliance notices along with notifications. Both notices had a target date of February 28 2018. The notice regarding the quality of care review was closed in June 2018, however when we visited the service on 6 September 2018, we found that there was no evidence to support the information provided in the quality of care review report. The report stated that children had completed feedback questionnaires along with pictures sharing their views on the service. When we discussed this with the person in charge during the inspection visit on 6 September 2018, she stated that children had not completed any feedback questionnaires and that pictures they had drawn were no longer available as the display had been taken down and the pictures discarded. During both inspection visits we found that the responsible individual had not ensured that the statement of purpose was compliant with regulation and reflected the service offered. The RI had forwarded an updated SOP in June 2018, however we informed her that further amendment was required in order for it to be in line with regulation. The SOP viewed during the inspection visit on 6 September 2018 remained the same and was not in line with regulation. The responsible individual had not completed risk assessments; had not carried out regular staff supervisions and annual appraisals and had not ensured that staff files included the documentation required by regulation. We spoke to the RI on the telephone during the visit on 6 September 2018 and she informed us that she did not want to be the RI of the service, however could not find an individual that was willing to take over. She also stated that she had visited the service over the summer and had conducted staff supervisions and that these records were stored on her personal laptop. We asked staff present during the visit if they had opportunities to discuss their role with the RI on a one to one basis and they informed us they had not had 	

one to one supervisions and had not completed any paperwork. They confirmed the RI had visited during the summer, however had only asked "everything okay?"

- The impact on people using the service is: The responsible individual does not monitor that the club runs in line with regulations and as a result this could lead to poor outcomes for children.

This will be taken to the next stage of a provider meeting.