

# Pitreavie Out of School Club Day Care of Children

Pitreavie Primary School  
Pitcorthie Drive  
Dunfermline  
KY11 8AB

Telephone: 07525 618 204

**Type of inspection:**  
Unannounced

**Completed on:**  
13 February 2024

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2014326450

## About the service

Pitreavie Out of School Club is registered to provide a care service to a maximum of 24 children at any one time, from an age to attend primary school to 14 years. The service will have exclusive access to areas of the premises as designated by the head teacher.

The service is provided from within Pitreavie Primary School. The club is situated near local shops and amenities.

## About the inspection

This was an unannounced inspection which took place on Monday 12 February 2024, between 14:40 and 18:00. Feedback was given to the manager on Tuesday 13 February 2024. The inspection was carried out by two inspectors 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:

- spent time with the children using the service
- spoke with or received emails from nine of their family members
- spoke with staff members and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Children experienced warm, nurturing and caring interactions from staff that knew them well.
- Children benefitted from play experiences which supported their developing creativity.
- Children had fun as they explored risk and play, with regular access to the large outdoor spaces.
- Staff deployed themselves effectively to ensure that children had access to a range of experiences and good supervision.
- Areas accessed by the club must be safe, well maintained and clean.
- The provider should ensure children and families are meaningfully involved in the evaluation and improvement of the club.

## 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?                 | 3 - Adequate  |
| How good is our leadership?              | 4 - Good      |
| How good is our staff team?              | 5 - Very 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, where several strengths impacted positively on children's outcomes and clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Staff nurtured children through their experiences by engaging in meaningful interactions which were respectful, warm and caring. Children were warmly greeted into the setting by staff who were welcoming and friendly. Parents told us, "The staff are so friendly and welcoming. Always take the time to ask about my day, our weekend plans. They seem genuinely interested and caring". The positive relationships with children and families showed they were respected and valued.

All children had personal plans in place. These had recently been developed further to include children's voice. Children completed their own 'all about me' sheets with staff. This allowed staff to get to know children well from starting at the service, ensuring they felt valued and heard. As a result, children experienced care that was tailored to their individual interests and needs.

Some cosy spaces were available for children to rest and relax. For example, staff told us they used a tent in the main hall for children to access when they wanted time away from the busy room. However, on the day of inspection this was not available. We suggested this area be further developed to ensure that children always have access to cosy, homely spaces to rest and relax. This would further support children's emotional wellbeing.

The service had established a rich mealtime experience that promoted children's independence and encouraged them to eat well. We observed this routine to be a time for children and staff to connect and enjoy talking together. This experience promoted engaging conversations, supported children to develop confidence and independence as they had ownership of the routine. Mealtimes were well planned, unhurried, and relaxed. Staff continued to reflect and evaluate the experience to ensure children continued to have the opportunities to develop independence and life skills.

Systems for recording medication were in place, including parental permissions, storage information and records of administration. Medications were reviewed regularly and stored appropriately. We suggested the service continue to ensure that all forms are filled out completely. This would further support staff to ensure children's individual medical needs were fully considered.

### Quality Indicator 1.3: Play and learning

Children were having fun and playing throughout the session. They moved confidently and freely around the play spaces. This told us that they felt safe and secure in the environment. Children benefitted from the service offering a range of play experiences that interested them.

Interactions between children and staff were positive and nurturing. Children were observed having fun whilst engaged in their play and learning which consisted of accessing the outdoors, or exploring their creativity. For example, some children had worked over an extended period to create the inside of a house. The open-ended resources and encouragement from staff meant that children's creativity was being supported and their achievements were celebrated.

Staff followed children's interests and requests through informal planning approaches. The staff team had identified ways to celebrate children's choices, through a floor book journal and communication jotter. This had been recently developed and was allowing children to share their activities and ideas with visitors. The staff team told us about their plans to develop this further. We encouraged the service to continue with their plans, as this would ensure children are meaningfully involved in their learning experiences and their voices valued.

Staff knew children very well as individuals. They spoke confidently about children's interests, likes and dislikes. One parent told us, "I feel like they really know him and take a keen interest in his interests". Children told us that they thought the staff were fun and played with them. As a result, children felt valued and respected as individuals.

### How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas need to improve.

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

The environment provided lots of natural light and good ventilation. Children had access to a variety of resources, which were of interest to them. This was supported by passionate staff who informally evaluated resources available and replenished when required. One child told us "It is good, we get help to find new crafts to make it better". This supported most children to explore their interests further. Some children told us they liked reading and quieter activities. These interests could be developed further by ensuring there are appropriate spaces for children to access these types of activities. This would ensure that all spaces reflect children's current interest.

Access to setting up the hall was not sufficient at times to ensure that spaces were ready for children on their arrival. We shared this with the service who agreed to further consider how this could be adjusted.

An additional space was provided to the service while the hall was used for other activities a few hours throughout the week. This space was known as the 'shelter'. Although this space was not used on the day of our visit, we identified that it was not appropriate or safe for children to use. The staff team told us they had concerns about the area and had discussed this with management. However, there were no maintenance logs or actions to address this specific area. To ensure that spaces used by children are safe, well-maintained and clean, the provider must ensure that appropriate maintenance and hazards are addressed **(see requirement 1)**.

We observed staff carry out head counts to ensure children were kept safe and supervised. Risk assessments were in place for individual areas including outdoors. Children were supported to manage their own risks effectively, through staff's understanding of risk benefit and meaningful experiences. For example, children had fun as they explored outside and climbed trees together. We encouraged the service to ensure that risk assessments are regularly reviewed. This would further support children and staff's safety while attending the service.

Infection control measures were in place within the service and in line with current guidance. Children and staff were hand washing when necessary. Personal protective equipment (PPE) was worn appropriately and cleaning schedules were in place. This meant children were safe as the risk to infection had been minimised.

## Requirements

1. By 15 May 2024, the provider must ensure that the spaces used by the children are safe, well-maintained and clean.

To do this, the provider must at a minimum:

- a) repair or replace flooring that presents a trip hazard
- b) ensure all areas used by the club are free from intrusive and unpleasant smells
- c) ensure all areas used by the club are cleaned effectively before using.

This is to comply with Regulation 4(1) (Welfare of users) and 10(2) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noises and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

**How good is our leadership?****4 - Good**

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

**Quality Indicator 3.1: Quality assurance and improvements are led well**

The manager and staff team were dedicated and committed to the service, and engaged with the inspection process. They were visible, friendly and approachable to children and their families. Staff shared with us that they felt supported by the manager and senior practitioner. This created the welcoming and positive ethos of the setting.

An improvement plan was in place which identified the services priorities. The plan was manageable and focused on outcomes for children. This had been shared with the staff team as they worked on improvements together. As a result, children experienced a service that continued to improve.

The vision, values and aims of the service had been in place for some time. Staff had shared plans on reviewing these and discussed ways to involve the children and their families in the process, such as through questionnaires. The service was beginning to gather children's and families' views. However, it was not always clear how this information was used to support the improvement of the setting. The service should ensure that children and families are meaningfully involved in evaluating and improving the service. This would ensure that children benefit from a service that continues to improve based on everyone's views **(see area for improvement 1)**.

The service had recently implemented a quality assurance calendar. This included roles and responsibilities of individual staff, auditing systems and individual staff meetings. These monitoring systems were starting to have a positive impact on outcomes for children. For example, the service had identified care plans that required reviewing and actioned this. We suggested the service continue to develop their quality assurance systems to ensure they are based on best practice guidance, such as 'A quality framework for daycare of children, childminding and school aged childcare'. This would further ensure that children consistently experience high quality care.

**Areas for improvement**

1. To support children, families and staff to be meaningfully involved in their children's care experiences, the provider should ensure that children and families are meaningfully involved in evaluating and improving the service.

This should include, involving children, families and staff in improvement priorities. Establishing a shared understanding of the services strengths and improvement priorities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this quality indicator as very good.

### Quality Indicator 4.3: Staff deployment

Children benefited from a warm, nurturing and caring staff team. Positive relationships had been developed with both families and children to ensure they received care that was right for them. One parent told us, "A huge thank you to the staff as my kids love going to out of school club". Parents spoke positively about staff and commented on the positive impact they had on outcomes for children. As a result, children benefitted from long established relationships. Staff had clear roles and responsibilities. They were respectful and very supportive of each other. They were warm, caring, and sensitive in their approach and demonstrated positive team working. Staff had fun and laughed with children throughout the session. This promoted a happy, loving, and secure environment for children.

Systems were in place to ensure that information relevant to individual children's care was shared effectively. Staff spoke confidently about children's individual needs. As a result, children experienced care that was tailored to them.

Regular team meetings and staff training opportunities helped staff to reflect on their practice, learning and development. The manager ensured that an overview of training was kept. Staff spoke confidently about their recent training, for example one staff member spoke of the impact outdoor learning trained had on experiences for children. Staff told us they felt valued and supported by management and the wider team. This positive and supportive ethos meant that children were well supported.

The leadership team recognised and valued the importance of ensuring that the service was appropriately staffed throughout the session. Daily tasks and operational activities were planned in a way that minimised the impact on children. Staffing levels allowed for staff to support children's individual needs where required. Effective staff deployment meant staff were supporting experiences and were able to meet all children's individual needs very well.

## 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

The provider should ensure all care plans are reviewed whenever the provider is requested to do so by the service user or if there is any significant change in a child's health, welfare or safety needs and at least once in every six month period. This includes ensuring completion of log book information to demonstrate children's progress and next steps over their time in the service.



This is to ensure care and support is consistent with the Health and Social Care Standards 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).

**This area for improvement was made on 28 August 2018.**

#### Action taken since then

Appropriate quality assurance procedures have now been put in place to ensure children's care plans are reviewed regularly. This area for improvement has been met.

#### Previous area for improvement 2

The provider must ensure that systems are robust for the safe recording and administration of medication to support children's continued wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 28 August 2018.**

#### Action taken since then

There is now an appropriate system in place for the safe recording and administration of medication in place. This area for improvement has been met.

#### Previous area for improvement 3

The provider should develop play and learning opportunities through increased challenge in play, variety and positive links with the school. This would contribute to children's levels of challenge and enjoyment and support them to achieve.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling" (HSCS 1.30).

**This area for improvement was made on 28 August 2018.**

#### Action taken since then

There are now opportunities in place which ensure children are challenged in play and positive links with the school have been made. 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](http://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?                           | 3 - Adequate  |
| 2.2 Children experience high quality facilities    | 3 - Adequate  |
| How good is our leadership?                        | 4 - Good      |
| 3.1 Quality assurance and improvement are led well | 4 - Good      |
| How good is our staff team?                        | 5 - Very Good |
| 4.3 Staff deployment                               | 5 - Very Good |

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