

# CALA Croy School Aged Childcare Day Care of Children

Croy Primary School  
Dalcross Road  
Croy  
INVERNESS  
IV2 5PG

Telephone: 01463 222569

**Type of inspection:**  
Unannounced

**Completed on:**  
25 March 2024

**Service provided by:**  
CALA Integrated Services

**Service provider number:**  
SP2010011308

**Service no:**  
CS2022000319

## About the service

CALA Croy School Aged Childcare is situated in the village of Croy between Inverness and Nairn in the Inverness-shire area of Highland. The service provides an after school club during term time only. The club operates from a shared space within Croy Primary School. The premises includes the use of a canteen, gym hall, as well as toilet and kitchen facilities which are all shared with the primary school. Children also have outdoor access to the primary school playground area.

Croy School Aged Childcare is registered to provide a care service to a maximum of 16 children at any one time. Of those 16 no more than 5 are aged 3 years to those not yet attending primary school and no more than 16 are attending primary school. The service is provided by the Care and Learning Alliance.

## About the inspection

This was an unannounced inspection which took place on 25 March 2024. 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 children using the service;
- reviewed online questionnaire feedback from five families;
- reviewed online questionnaire feedback from two staff;
- spoke with staff and management;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- Children experienced nurturing care and support from staff who took time to listen and respond to their needs and wishes.
- Children had opportunities to lead their own play and responsive planning approaches took account of children's interests.
- Children had regular access to outdoor play experiences which supported them to be active and healthy.
- Indoors, there were limited resources available to provide opportunities for open ended, imaginative play or for children to experience challenge and be creative.
- There were ineffective systems in place to support the safe storage and management of medication which posed a potential risk to children's health and wellbeing.
- Quality assurance processes should be further developed to support the improvement of the service.
- Effective staff deployment supported positive outcomes for children.

## 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?	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?

## 3 - Adequate

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

### Quality indicator 1.1: Nurturing care and support

Children were happy, relaxed and having fun during our inspection. They experienced nurturing care and support from staff who took time to listen and respond to their needs and wishes. This supported children to feel valued and respected.

Children were treated as individuals by a staff team who knew them well. All parents who responded to our survey strongly agreed that staff know their child well, including what they like and what is important for their care. Comments from parents included: " Staff are very supportive and caring." and " Kids are able to play and enjoy time there. The staff get to know and understand the kids.". This supported the development of positive relationships with families and for them to feel confident their children were nurtured and supported.

Staff worked closely with families to gather a range of information which supported children's health and safety needs. This included information about their care and strategies to support individual children. Personal plans had been developed for each child and systems were in place to ensure plans were regularly reviewed with families at least every six months. This contributed to ensuring that information held by the service reflected the current needs and interests of children.

Snack time was a relaxed, calm and sociable experience. Staff sat with children and talked to them about their day in school and took a genuine interest in their wellbeing, hobbies and interests outside the club. Children had some opportunities for independence during snack. We observed children spreading their own toppings on crackers, pouring their own drinks and clearing away their dishes. We spoke with the manager about how opportunities to develop children's independence and skills for life could be developed further including, involving children more in the preparation and delivery of snack.

There were ineffective systems in place to support the safe storage and management of medication which posed a potential risk to children's health and wellbeing. Necessary medication for one child was not in place or available should an emergency situation arise. Some documents to support the safe administration of medication did not have clear information on dosages. The poor storage of some medication had led to medication boxes and labels being damaged which impacted the ability to review the medication accurately. This had the potential to put children at risk (see requirement 1).

Staff had not accessed formal practical training to administer lifesaving medication and at the time of the inspection there was no staff member with a current practical paediatric first aid certificate working in the club. This had the potential to lead to gaps in staff knowledge and skills which could negatively impact children's safety and wellbeing (see area for improvement 1). After the inspection, the provider was proactive in sharing plans and timescales for staff to access a suitable paediatric first aid training course.

### Quality indicator 1.3: Play and learning

Children had opportunities to lead their own play and could choose whether to play indoors or outdoors. Children's play took account of some of their ideas and suggestions as children were asked throughout the session what they would like to play with. Staff listened to children's requests for specific resources and then provided these. For example, one child requested additional drawing and colouring materials and staff provided resources to accommodate this. Another child wanted to play a physical game outdoors and staff supported them to access resources and set this area up accordingly. This demonstrated children's needs and interests were valued and respected.

Children were observed to be having fun whilst engaged in their play and learning and some resources were available to support their play and interests. The indoor space had resources set out prior to the children arriving, and these were added to and changed, dependent on children's interests and wishes. Resources included a selection of Lego, a variety of board games, crafting resources, playdough, reading books and a selection of mark making resources. However, there was a lack of open-ended resources and loose parts to support children's creativity and there were limited opportunities for children to develop a specific skill during their time at the service. We spoke to the service about developing the quality of resources and play experiences indoors to offer more choice and challenge for children (see area for improvement 1 in 2.2).

The outdoor area provided an opportunity for children to take part in active play experiences and have fun with their friends. Children were able to choose freely from a range of gym equipment for use outdoors. During the inspection some children used a parachute to play a cooperative game whilst others explored the trim trail, explored shadows and played hide and seek as well as other playground games. Children had access to areas where they could climb and run as well as play ball games and explore the natural environment. Older children took responsibility and supported younger children when playing outdoors, helping them to join in and learn new skills. As a result, children were supported to be included, active and healthy.

Staff followed children's interests through responsive planning systems. The staff team had identified ways to include the children's voice when planning experiences and had documented this using a floor book approach. This allowed children to take an active part in the planning process and revisit their learning. Children's experiences were shared with families through an online app and more informally at drop off and pick up times. This enabled families to be included and informed about their children's care.

### Requirements

1. By 29 May 2024, the provider must ensure children's medical needs are safely managed. To do this, the provider must, at a minimum ensure:

- a) systems to audit the storage and management of medication are reviewed and improved;
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication;
- c) medication is stored appropriately;
- d) staff are knowledgeable and competent in relation to the safe storage and management of medication and follow the 'Management of Medication in Day Care of Children and Childminding Services' guidance; and
- e) staff apply their learning to practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

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

## Areas for improvement

1. To ensure children are safe, protected from harm and their wellbeing needs are met, the provider must ensure that staff access relevant training. This includes, but is not limited to:

a) undertaking suitable paediatric first aid training.

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

## 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

The indoor play space was clean and provided plenty of light and natural ventilation. Staff set up the indoor area each day within the school canteen space and worked to ensure the environment was a welcoming space for children and their families. Storage of canteen tables and equipment such as fridges and freezers within the indoor space contributed to challenges for the staff team in creating a homely feel with spaces to rest and relax. They had taken some steps to improve the quality of the environment within the canteen space which included creating a small cosy tent area with cushions and blankets. We spoke with the manager about developing the layout and organisation of the indoor space further to improve experiences for children.

Indoors, there were limited resources available to children with not enough choice provided to offer opportunities for open ended, imaginative play or to experience challenge and be creative. Some spaces did reflect children's interests. For example, we observed some children having fun drawing and creating pictures with mark making materials and creating structures with Lego. However, there were too few resources available which did not always support opportunities for children to develop problem solving skills and experience challenge. Through their own self-evaluation processes, the service had identified the need to improve the quality of indoor play resources and were in the early stages of beginning to implement changes to provide better quality play experiences for children (see area for improvement 1).

Staff conducted visual checks of the environment daily and risk assessed all areas of play to ensure they were safe for children. We were satisfied that the service had appropriate infection control procedures in place to minimise the potential spread of infection. We observed children being supported to understand the need for good hygiene and hand washing at necessary times. This contributed to a safe environment for children and staff.

### Areas for improvement

1. To ensure children have access to a range of developmentally appropriate resources which reflect their interests, encourage creativity and allow them to develop lifelong skills, the provider and manager should review and improve opportunities for play and learning indoors. This should include but is not limited to:

a) providing suitable resources and materials to effectively engage and challenge children's play, learning and interests.

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

'As a child, my social skills, confidence, self-esteem and creativity are developed through the balance of organised and freely chosen extended play, including using open ended and natural materials.' (HSCS 1.31).

### 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

The vision, values and aims of the service and key policy information were shared with families when children started with the service. This ensured families had clear expectations and were well informed.

Children and families benefited from a service that recognised and valued their involvement. Children were asked their views and opinions through conversations and discussions and they had recently been involved in reviewing and improving snack choices. Informal discussions with families at pick up and drop off times provided opportunities for information sharing to improve experiences for individual children. Formal methods to gather the views of families to support the development of the service had not yet been implemented. We spoke with the manager about possible ways they could gather feedback from families to enhance their involvement in influencing change within the setting.

Staff told us they felt supported by the manager and were confident to share ideas and make suggestions for improvements. Regular discussion provided opportunities for staff to reflect and discuss their practice. One to one meetings between management and staff supported them to develop some aspects of their knowledge and skills. This helped staff feel valued and respected.

Quality assurance processes to improve children's outcomes were in the early stages. The manager and staff were able to discuss some identified areas for development and told us about improvements made. These included the creation of a cosy area and changes to the snack routine. Through monitoring of children's experiences, the service had also identified the need to improve the quality of resources indoors. At the time of the inspection, further changes to the indoor environment had yet to be implemented, so it was too early to assess the impact of these on children's experiences. As well as this, some quality assurance measures had not identified or addressed issues with the management of medication or gaps in staff training. This did not always support positive outcomes for children (see area for improvement 1).

## Areas for improvement

1. To support the effective development of the service and improve children's experiences, the provider should ensure effective quality assurance processes are developed. This should include, but is not limited to:

- a) implementing clear and effective plans to develop and improve the service; and
- b) ensuring effective systems are in place to monitor and improve the quality of children's experiences and the service as a whole.

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

'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?

**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 4.3: Staff deployment

The staff were caring and nurturing and committed to providing a positive experience for all children. They were warm and friendly in their approach which promoted a happy and inclusive environment where children could play and have fun. All families who responded to our survey strongly agreed with the statement: 'I am confident staff are nurturing and responsive to my child's needs'. One parent commented: "Excellent service for my child, she's safe and looked after. She loves coming to after school club."

The service was appropriately staffed to meet adult-child ratios and the staff team worked to ensure all areas of the service were appropriately supervised and supported. The staff team communicated well with each other when a task took them away from their designated area. They informed each other when leaving an area or when attending to a child's needs. The ethos between team members was positive and interactions between staff were kind and respectful. This helped to create a positive atmosphere for both staff and children to feel comfortable and secure in.



Staff worked well together as a team to identify and remove risks to children within the setting. This ensured that the environment was safe for the children attending. For example, safety measures whilst children were moving between the school, the club and outdoors were supported through effective communication, appropriate levels of supervision and sufficient teamwork by the staff. Staff utilised walkie talkies to discuss children's movements, deployed themselves in different zones, carried out head counts and used registers to monitor children. This helped provide a safe and secure environment for children where they had choice.

A process for staff support and supervision provided opportunities for staff to celebrate their successes, identify areas for improvement and training opportunities. Staff spoke confidently about their recent training. For example, one staff member spoke of the impact positive behaviour training had on experiences for children. Staff told us they felt valued and supported by management and the wider team. Staff had completed some core training. However, we found that there were no staff working in the service with a current paediatric first aid certificate. The manager recognised that this gap in knowledge and skills had the potential to negatively impact children's safety and wellbeing (see area for improvement 1 in 1.1).

## 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	4 - Good
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?	4 - Good
4.3 Staff deployment	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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