

Heriot Country Kids Day Care of Children

Heriot Primary School
Heriot
EH38 5YE

Telephone: 07519 864992

Type of inspection:
Unannounced

Completed on:
18 April 2024

Service provided by:
Heriot Country Kids a Scottish
Charitable Incorporated Organisation

Service provider number:
SP2014012395

Service no:
CS2014333349

About the service

Heriot Country Kids is an out of school care service provided by Heriot Country Kids a Scottish Charitable Incorporated Organisation. The service is registered to provide a care service to a maximum of 16 children at any one time aged from four years up to and including the age of 12. Of the 16 children a maximum of six children aged four years may attend at any one time. These children may only attend during the summer school term and summer school holiday prior to them starting primary school.

The service is provided from the school premises in the rural village of Heriot. The children have access to the school hall, cloakroom area and the school grounds. There is also a kitchen area and storage spaces available for use by the service.

About the inspection

This was an unannounced inspection which took place on Tuesday 16 April 2024 between the hours of 14:45 and 17:15, and Wednesday 17 April 2024 between the hours of 14:00 and 16:30. 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 all the children and received written feedback from four families
- spoke with two staff, the chairperson and the treasurer
- observed practice and daily routines
- reviewed documents.

Key messages

- Children benefitted from kind, caring and nurturing interactions, helping them to feel valued and respected.
- Opportunities to play both indoors and outdoors were well managed to promote safe, healthy and active lifestyles.
- Children were confident in leading and directing their own play and learning.
- We encouraged the management and staff team to build on the programme of continuous improvement, self evaluation and approach to quality assurance.
- Staff had various experience, knowledge and skills in working with school-age 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?	4 - Good
How good is our leadership?	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?

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

We evaluated this quality indicator as very good

Children felt valued because staff listened to them and treated them with kindness and respect. For example, children's physical and comfort needs were well met and staff provided children with support and reassurance when required.

Staff knew children well and confidently spoke about their needs. Staff highlighted the very good connections they had with children and their families, which helped with the sharing and gathering of information to support meet children's individual needs. One parent commented "Amazing, attentive, caring staff, very great with my child who has additional needs. Went out of their way to better understand my child's condition and what they could do to make her get the best from the sessions".

Personal plans were in place and included, identified interests, and contained support strategies. For example, allergies and dietary requirements. We discussed with the manager how dates, and reviews could be strengthened. This would ensure the most current information was easily accessible to all staff. We suggested the further use of chronologies would capture key events and significant communications with families.

We reviewed medication systems and were satisfied these were reflective of current best practice. For example, medication paperwork had been reviewed and updated in partnership with families. Staff spoke confidently about children's individual needs. One parent told us "staff strive to ensure they are delivering the best possible service and nothing is ever a bother".

Snack times were a sociable and relaxed experience for children. Children enjoyed chatting with their friends and staff. Children and staff sat together and took turns to ask a question of the day. For example one child asked "do you like riding a bike or a scooter best". Snacks provided were healthy and nutritional. For example, a selection of fresh fruit, garlic bread and water. Everyone had very good table manners. Children were sometimes introduced to French dishes which encouraged them to try different foods and tastes. There were opportunities for children to develop and enhance their independence and extend life skills. For example, children were encouraged to help prepare snack, self-serve, and tidy up after themselves.

Staff were clear about their roles and responsibilities in safeguarding children. They had an awareness of the process they would follow if they had concerns. Child protection training had been undertaken.

Quality indicator 1.3: Play and Learning

We evaluated this quality indicator as good

Children were meaningfully and actively involved in leading their play and learning in an indoors - outdoors environment. Children could choose where they wanted to be. They were engaged in a variety of experiences and were observed to be busy and having fun.

Staff valued a child's right to play through facilitating and engaging children in activities such as small world play, role play and active opportunities. Parents told us their children had enjoyed bird spotting, river walks, nature learning, sports, snacks outdoors and the range of options at holiday club. These encouraged children to have fun and be curious about the world around them.

We observed children to be happy and secure. The balance of planned and responsive experiences meant children were engaged in meaningful play of their choice. Older children were observed to be kind, caring and playing with younger children which supported a relaxed and welcoming space for children. One parent commented "I always get a 1:1 hand over at pick up with great insights into what my daughter has done and experienced during her session".

Children were engaged in writing stories detailing their play and learning ideas in the floor book. This was used to evidence experiences and future planning. We suggested this book could be further developed and signposted the manager to links in order to support this.

Children's interests were known by staff who encouraged and supported these through various resources and equipment. For example, football, roller skating and scuttle bugs were some activities available. Children told us "I like playing football", "I like making potions" and "I like playing make believe Pokemon characters" and "Roller skating is fun". These experiences supported children to chat to each other, develop friendships, resilience and awareness of the needs of others.

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

Children and families benefitted from the committed staff team who had a range of knowledge, skills and experience. They implemented values that promoted a positive ethos and respected children's rights. Staff took time to get to know children with a focus on building positive relationships. Children were supported to make choices as staff were attuned to their routines and what was important to them. One parent commented "Great attentive, caring professional staff with the care and wellbeing of my child at the heart of what they do. They are passionate and its not a job for them it's a vocation".

We found that the manager was passionate and committed to their role. They engaged very well during the inspection process, demonstrating an ethos of continuous improvement. Staff who were new to the service demonstrated their enthusiasm and commitment to their role. They described their thorough recruitment and induction process. This meant children continued to be kept safe.

Parents were welcomed into the service and we saw staff were friendly and welcoming to the families. The service was run by a parent led board and all parents were welcome to attend meetings so that they could participate in any decision making process. One parent told us "Great staff, known to children, caring, hyper-local provision in a rural setting where there are no other after-school options. A fundamental part of the community and the community is well aware how fortunate we are to have this resource". Another parent commented "The staff are doing an amazing job and the new committee are ensuring that we get a first rate service".

Information was shared with families and staff through an information booklet, WhatsApp messenger groups, and a social media platform. One parent told us "Parents are able to go in every day at pick up and chat to staff". Another commented "Always very open and engaging, good manor and approach with kids and they always give you an overview of each session". This meant everyone was included in the service.

Children were happy, settled and provided with resources that supported choice and independence. Overall, the service had systems in place to evaluate how they were sustaining good outcomes for children and families. The manager was currently reviewing the improvement and development plan to ensure improvements were achievable and realistic. We signposted them to find more information on planning for improvement on the Care Inspectorate Hub, under the improvement programme.

Quality assurance processes were in place and contributed towards a cycle of reflection and improvement. The process and systems around quality assurance supported management to identify some gaps and strengths which could lead to improvement. We highlighted areas where the approach to quality assurance could be strengthened to support a more robust approach. For example, links to staff appraisals and monitoring. The manager agreed to revisit this area to ensure quality assurance processes and the monitoring of progress were effective in improving aspects of provision for children.

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 support children's health and wellbeing, the provider should develop a systematic approach to ensure children's personal plans are reviewed regularly and at least every six months.

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

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 3 August 2022.

Action taken since then

Personal plans were in place for each child. Systems were in place for reviewing in line with guidance. Staff discussed personal plans at team meetings.

This area for improvement has been met.

Previous area for improvement 2

To support children's health and wellbeing, the provider should review the recording procedures for medication in line with best practice guidance. This should include, but is not limited to, gaining more information from parents, such as, symptoms of ill health and actions to be taken if medicine is not effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

This is to ensure the administration of medicine is consistent

This area for improvement was made on 3 August 2022.

Action taken since then

Medication form, policy and procedures had been updated and reflected current guidance.

This area for improvement has been met.

Previous area for improvement 3

To support children's health and wellbeing, the provider should review infection prevention and control procedures to ensure these are in line with best practice guidance. This should include, but is not limited to, the storage of staff belongings, such as coats and bags, outwith the kitchen area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

This area for improvement was made on 3 August 2022.

Action taken since then

Infection prevention and control procedures have been reviewed and are in line with current guidance. All staff belongings are now kept in storage cupboard.

This area for improvement has been met.

Previous area for improvement 4

To ensure children and families experience a high quality service, the provider should develop a robust approach to quality assurance including self-evaluation and improvement planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 10 August 2022.

Action taken since then

The service has approaches in place and has the capacity to further develop them.

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	5 - Very Good
1.3 Play and learning	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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