

Village Kids Club Day Care of Children

Dunbarney Primary School
Bridge of Earn
Perth
PH2 9DY

Telephone: 01738 472 350

Type of inspection:
Unannounced

Completed on:
19 April 2024

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2003036861

About the service

Village Kids Club is a day care of children service, registered to provide care to a maximum of 20 children at any one time. The age range of the children will be from 4 (if they are attending primary school) to 14 years of age.

Other conditions unique to the service:

The manager is also the manager of;

- Oakbank Kids Club CS2003051103
- Blair Kids Club CS2003040754
- Milnathort Kids Club CS2003010139

Village Kids Club operates from Dunbarney Primary School in the rural area of Bridge of Earn, Perth. The children are accommodated within a general-purpose room and occasionally use the school's gym hall. The general-purpose room is shared with a morning club and is used as a classroom during the school day. Children enjoy direct access to the school's playground and community trim trail.

About the inspection

This was an unannounced inspection which took place on 17 and 18 April 2024 between 14:45 and 17:30. Two inspectors carried out the inspection.

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.

In making our evaluations of the service we:

- spoke with children and ten parents using the service
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Whilst staff knew children well, they did not always record important information such as, support strategies or chronologies. This risked key information being lost and potentially experiencing inconsistencies in the care they received.
- Gaps in medication paperwork resulted in staff being unsure of the treatment one child required. This risked a delay in them receiving safe and effective treatment. The manager and staff were proactive in improving this and were working with parents to ensure information held was accurate.
- Children were empowered to lead play and create a space that was right for them. Staff skilfully followed their interests to provide them with a range of stimulating and engaging activities.
- Despite the setting being shared, children benefitted from a strong sense of ownership within the setting. They had been able to develop the environment to have an identity which felt different from being in school. We highlighted a few opportunities where children could leave the service unattended. These had previously been identified and the manager was proactive in ensuring children were safe.
- Children and families were meaningfully involved and could influence change within the setting. Children were clearly leaders in the development of the service. As a result, they were empowered to advocate for themselves and create change.
- Staff were responsive to children's play and moved flexibly throughout the play spaces to provide effective support, interaction and engagement when possible. Whilst minimum staff to child ratios were met, levels of staff were not always effective in fully supervising and supporting children's care, play and learning.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
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?

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 benefitted from supportive and respectful interactions from staff. Staff listened to children and cared about their views and opinions. Much of their care, play and environment was based around ideas and interests led by the children. One parent told us, "[Staff] work really hard to make sure the children are kept entertained and safe. It is a great service to support full time working parents". It was clear that children were nurtured through daily experiences.

Staff empowered children to have ownership in their care and support. For example, children completed 'All About Me' forms, enabling them to share likes, dislikes and interests that were important to them. This showed that they valued children's voice by using these to inform the planning of their care, play and learning. Staff did not always record important information, such as support strategies or chronologies, to ensure children's needs were fully considered. Whilst staff knew children well, this risked key information being lost and potentially experiencing inconsistencies in the care they received. We signposted them to 'Guide to Personal Planning for Providers' to support this improvement.

Children experienced a good, social experience at snack. At the beginning of the session, children had the opportunity to make their own snack, which supported choice and the development of life skills. While sitting with their friends, they shared stories from their day and made plans for their time at the club. This provided a gentle transition between school and the kids club and enabled children to develop positive relationships. As a result, parent shared that, "the kids are excited to go every time".

A previous area for improvement in relation to medication had been met. Medication was stored safely and regular checks were carried out to ensure they were in date. Medication permission sheets were countersigned by the member of staff when receiving the medication on behalf of the service. However, audits failed to identify gaps in paperwork, resulting in staff being unsure of the treatment one child required. This could risk a delay in them receiving safe and effective treatment. The manager and staff were proactive in improving this and were working with parents to ensure information held was accurate. **(See Area for improvement 1)**

Quality Indicator 1.3: Play and learning

Children had fun and were engaged in play throughout the sessions. They played independently and cooperatively with friends and enjoyed a range of activities, which supported their learning and development. Staff were responsive to children's interests, for example, one parent shared, "There are always a vast amount of activities on going within the club. My child has taken part in a scavenger hunt with some of the staff which they really enjoyed".

Staff demonstrated skilled interactions such as, being down at children's level and facilitating play. Engaging and respectful interactions resulted in nurturing conversations that promoted openness and good attachments. This enabled children to feel safe, secure and well cared for.

Children were empowered to lead play and create a space that was right for them. Staff skilfully followed their interests to provide them with a range of stimulating and engaging activities. For example, following interest in bees, staff organised for a local beekeeper to come in and talk to the children about their work. Some resources and equipment were left behind to create an attractive display. This enabled children to explore the subject further at their own pace. Children were very interested in this and were excited to share their experience. Other opportunities like this included, a knitting workshop and making vegan sushi.

Children's experiences were captured in floor books and occasionally posted on a private Facebook page. This enabled children to reflect on their experiences and share with their families. Staff always spoke with families as often as possible to share information about the children's day. Together time and mind maps were used well to provide children time to share their views on activities and decide on possible future developments. Once agreed, a whiteboard was updated with the plans for the week ahead. This supported consistency and showed children they were listened to and that their opinions mattered.

Areas for improvement

1. Children's medical needs should be managed safely and effectively.

The provider should at a minimum ensure:

- a) comprehensive medical protocols are in place for children who require them
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication
- c) staff are knowledgeable and competent in relation to the recording and storage of medication.

This is to ensure 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).

How good is our setting?

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 key question as very good.

Quality Indicator 2.2: Children experience high quality facilities

Children experienced an environment which was clean and comfortable, with plenty of natural light and good ventilation. Parents said that they found it to be a, "Good environment to relax and have fun after a busy day at school". Staff had added a sofa following consultation with children. This enabled them to have a relaxed area, where they could read books and work together. There was some scope to enhance the homely feel through warm lighting, which staff were keen to take forward.

Despite the setting being shared, children benefitted from a strong sense of ownership within the setting. They had been able to develop the environment to have an identity which felt different from being in school. Children, with some help from staff had developed information displays and used artwork to provide interest. These were well maintained, kept up to date and enhanced the environment.

The indoor and outdoor environments took account of children's stages of development, interests and curiosities. All parents agreed or strongly agreed that their child had the opportunity to play outdoors every day. Children had access to a very good selection of play and learning materials such as, open-ended building materials, arts and crafts and games. They engaged well with the resources on offer, independently setting up areas as they wished. As a result, children had very good opportunities to develop their skills and follow interests.

Setting and equipment were safe and well-maintained. Improvements had been made to the setting to promote a secure place for children to play and learn. For example, a gate had been installed around the trim trail. Additional safety measures, such as regular head counting and good communication through walkie-talkies, were in place and were managed well by staff. We highlighted a few opportunities where children could leave the service unattended. These had previously been identified and the manager was proactive in ensuring children were safe.

Children benefitted from very good infection prevention and control practices, such as regular hand washing, to keep them safe. Furthermore, risk assessments were in place, to reduce risks of harm within the environment. Staff support children to take part in appropriate risky play, for example, climbing on the trim trail and gladiator week. This enabled them with to challenge themselves and explore how to manage risks.

How good is our leadership?

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 key question as very good.

Quality Indicator 3.1: Quality assurance and improvement are led well

A shared vision, values, aims and objectives were created in partnership with children and families. They championed children's rights and positively informed practice. Children had created vibrant displays that creatively used the word village as an acronym to showcase their vision statement. This not only used their interests in creativity to engage them in learning about their rights but also enhanced their sense of ownership and belonging.

Children and families were meaningfully involved and could influence change within the setting. Parents told us, "We are often asked to comment on areas of development when we collect the children". This was effectively captured within a floor book. Children were clearly leaders in the development of the service, for example, they had created posters to advertise a choir group, which was organised solo by the children. Parents told us they were proud of the fact that, "kids have a say in activities, such as outdoors and indoors baking and arts and crafts, [it's a] great variety". As a result, children were empowered to advocate for themselves and create change.

A quality assurance system was in place to promote continuous improvement. Staff told us that there was regular opportunities to meet and discuss key strengths of the service and any areas for improvement they had identified. For example, staff meetings were used to raise standards and allowed staff an opportunity to take forward any passions or interests they had. The manager worked collaboratively with staff to ensure audits were carried out regularly to monitor staff practice and children's outcomes. This resulted in good working relationships and a positive ethos for children and families.

A positive culture of improvement was embedded and supported staff to actively reflect on their practice. An improvement plan fully identified strengths and areas of improvement within the service. It contained clear and achievable targets, which all staff could confidently discuss. As these were well recorded, the impact of any changes were easily measured to ensure they were having a positive impact on children's outcomes. Parents commented that, "All the staff are very friendly and always speak when I come to collect my child. If I have any issues or concerns, they are always on hand to listen and give any reassurance I need."

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

All staff were passionate about the service and engaged well throughout the inspection process. They shared with us that the manager was approachable and supportive in their role. Children benefitted from a committed staff team that knew the positive impact they could have on their experiences and outcomes.

Staff were respectful and supportive of each other. This created a nurturing environment for children and families. Staff knew children and families well and understood their individual needs. As a result, positive relationships had been developed. Consideration had been given to the mix of skills and experiences of staff to ensure that children received quality outcomes. Families told us they were confident that staff had the appropriate skills, knowledge and experience to care for their children. One parent told us, "[Staff] are well organised and planned. They communicate well with us. The children enjoy their company. They explain activities that have been carried out. They always ask for feedback from both parents and kids".

A positive ethos within the setting helped to minimise absences. The staff team were stable and consistent, which ensured families knew which staff were supporting their children. Effective arrangements were in place in the event of absence, with the manager providing support. This meant that children and families experienced continuity and consistency of care.

Minimum staff to child ratios were met. However, levels of staff were not always effective in fully supervising and supporting children's care, play and learning. Parents commented that, "[there is] always two staff members but I worry that's not enough when it's full and some children need additional help" and "[my child] comes back very muddy at times as not always supervised when outside". Staff communicated effectively, particularly through the use of walkie talkies when in different areas. They were responsive to children's play and moved flexibly throughout the play spaces to provide effective support, interaction and engagement when possible. The provider should consider the needs of children to ensure they are cared for by the right number of people. This would ensure all children experienced high quality care, play and learning experiences. **(See Area for improvement 1)**

Areas for improvement

1. Children should experience care that is right for them and meets their needs. The provider should improve the structure of staffing to ensure children are cared for by the right number of people to meet their care, play and learning needs.

This is to ensure the quality of the care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'if I am supported and cared for by a team or one other organisation, this is well-coordinated so that I experience consistency and continuity' (HSCS 4.17).

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 the health and safety of children attending the service, staff must ensure that they hold emergency medication for children attending and that all medications are in date. Staff should ensure medication permission sheets are countersigned by the member of staff receiving the medication on behalf of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which states: '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 area for improvement was made on 7 May 2019.

Action taken since then

All medication required to keep children safe and healthy was stored appropriately on site. Staff were mindful of expiry dates of medication to ensure it was safe to administer to children. All permission sheets reviewed were countersigned by staff to audit receipt of medication provided by families.

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	5 - Very Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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