

# The Wendyhouse OOSC Day Care of Children

Forfar

**Type of inspection:**  
Unannounced

**Completed on:**  
20 August 2024

**Service provided by:**  
Jill Culross trading as the Wendyhouse

**Service provider number:**  
SP2007009333

**Service no:**  
CS2007162018

## About the service

The Wendyhouse Out of School Club provides a daycare of children service in Forfar. The service is registered to provide care to a maximum of 40 children at any one time aged from 5 years (or attending primary school) to 12 years.

The manager works on a peripatetic basis but will attend the service for at least one session per week.

The service is located within Whitehills Primary School which is in a residential area of Forfar. The service is close to local parks, shops and other local amenities.

## About the inspection

This was an unannounced inspection which took place on 19 and 20 August 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 registration information, previous inspection findings, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- observed practice and daily life
- spoke with management and the staff team
- reviewed documents
- spoke with the children using the service and seven of their family members.

**Key messages**

- Children experienced caring and kind interactions from staff who knew them well.
- Children were engaged in their play and having fun.
- A consistent staff team communicated effectively and worked well together.
- Quality assurance processes were being developed and were having a positive impact on improving 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - 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 there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Children benefitted from warm and supportive approaches from staff and as a result children were happy and relaxed with staff. Staff interacted well with children and took part in play and discussions with them. Families shared with us, "Staff know us well, me included. We are treated with respect and kindness. So helpful and obviously love the kids."

Children's wellbeing benefitted from good personal planning. Personal plans were in place for all children who attended the service. Staff and children completed 'All about me forms' together. These identified children's current interests, likes and dislikes. This provided an opportunity to support newer children to form attachments with staff. Most plans had been reviewed within the last six months or were in the process of being reviewed. Staff shared they had opportunities to read the plans and as a result were knowledgeable about children's needs. A previous area for improvement around personal planning has been met. **(See area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection')**.

Improvements had been made to the management of medication within the service. Medication was stored safely and securely within the service. Medication consent forms and care plans were in place for children who required long-term medication. These were now reviewed with parents at least every three months in line with guidance. The manager should ensure a copy of the care plan is stored with the medication. Symptoms should be clearly stated on these. This would ensure staff have all the relevant information to meet children's health needs. Medication audits were now taking place. However, these need to be developed further to support robust monitoring processes.

Children enjoyed eating snack together in a relaxed atmosphere, which supported an unhurried, social experience. Children's safety was supported by staff knowledge of allergies and dietary requirements. Children benefitted from opportunities to be independent through self-serving and pouring their own drinks. Children had been consulted on snack options which supported them to feel valued. We suggested that children could have more opportunities to be involved in the preparation of snack where possible to further develop their sense of responsibility.

Staff had accessed child protection training relevant to their role and responsibility to keep children safe. Chronologies were used effectively to record significant events in a child's life that may impact on their health and wellbeing.

### Quality Indicator 1.3: Play and learning

Children were happy, having fun and engaged in their play. A range of creative play experiences were offered which included making jewellery and arts and crafts. Tables were set up with a variety of games and construction materials and children enjoyed playing with the dolls and accessories. When asked what the children liked about the club, comments included: "My favourite thing to do is colouring", "The staff are nice, they help us" and "My favourite thing about out of school club, is the snack, the pizza wraps, the Lego and

the painting."

Outdoors, children played football, scooters and developed their imaginations using the tarpaulin, ropes and pegs. We encouraged the service to develop their loose parts resources further and have these available at every session indoors and outdoors to offer children richer play opportunities.

Staff were responsive to children's likes and interests. Spontaneous and planned activities were designed around this to maintain an interesting space for children to play and learn. We suggested that evaluations of children's experiences should be developed further to ensure these are meaningful. This would help staff identify ways to enhance children's play opportunities.

A wide variety of resources were easily accessible for children and a catalogue of these was being developed. This provided children with an overview of all resources available to them to support with choice. All children said that the staff listened to them and they were able to choose what they wanted to play with. Families shared with us, "Staff are friendly and know my child well. They follow the children's interests and are keen to develop their play offerings accordingly."

Paper, pens and chalk was available to encourage mark making, writing, and drawing. Books were available for children to access to develop language and literacy. However, these could be better displayed to encourage children to access them and make beneficial use of them.

Floorbooks identified a range of play activities and experiences that the children take part in. These books also highlight some child's voice. Floorbooks were in the early stages of development to support planning extend children's play experiences. The service planned to develop these with children. This would offer children opportunities to be involved and revisit their play opportunities.

## How good is our setting?

4 - Good

We evaluated this key question as good, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

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

The setting had plenty of natural light and ventilation. Children had ample space to move around freely and take part in a range of play experiences. There were tables and chairs to support tabletop activities as well as ample floor space for floor play.

Children could relax on a rug to look at books or to have some down time after an early start or day at school. Staff shared that children usually had access to some blankets and sheets that they used to create dens as their own quiet space. The manager should ensure that children can access these at every session.

There were a wide range of resources available to support play and children's interests. Resources were available to support creative play, imaginative play, active play and den building. A range of resources outdoors supported children to stay active and healthy. Children enjoyed using the tarpaulin and netting to make dens outdoors. The service should develop their range of loose parts to further enhance children's play opportunities.

Overall, the environment was safe and secure. However, the gate into the carpark was left open when children accessed the outdoor area. The manager should ensure daily risk assessments are a meaningful

safety tool as staff failed to identify that the gate was unable to be secured. This was actioned by the manager immediately to ensure children's safety.

Risk assessments were in place to support a safe environment. These had all been recently reviewed. Management should ensure that when there are changes to the environment or when actions are identified that these are added to the risk assessments. For example, staff shared that the outdoor area was slippery when wet, however, this was not identified as a risk in the outdoor risk assessment.

The hall was clean and the whole, infection prevention and control procedures were followed. Staff washed hands before prepping breakfast or snack and children washed hands before snack. The manager and staff should ensure children wash hands before breakfast also.

An online platform was used to communicate with parents and record children's information. A policy was in place to ensure staff and parents were fully aware of how children's information would be used and stored. Parents commented positively on the use of the app as it allowed them to share information quickly and effectively. Children's paperwork was stored securely in a locked cabinet. Some children's medical information was displayed on a wall in the kitchen. This meant there was the potential for children and other families to have access to this information. We shared this with the manager and asked them to ensure children's information is stored securely. This would respect confidentiality.

## How good is our leadership?

4 - Good

We evaluated this key question as good, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

### Quality Indicator 3.1: Quality assurance and improvement are led well

There was a positive ethos at the club and staff shared they enjoyed their roles. The service's vision, values and aims were displayed on the wall in the club. This was a planned area of development by management. It would be beneficial for children, staff and families to be involved and consulted during the next review of these to support a shared ethos and vision.

The service was well led by a manager in post for less than a year. They were keen to make improvements and planned to delegate responsibility appropriately to staff and involve them in the development of the service.

Children's views were actively sought through mind maps and they could influence change. This included snack options and new resources for the club. The manager planned to reintroduce family surveys to support families to feel included and involved in the life of the service. Feedback from families should now be used to meaningfully inform the improvement plan to support a shared approach and vision.

An improvement plan identified relevant areas for development. The manager should ensure that this is used as a working document with clear actions, timescales, and reviews. This would support ongoing development. A quality assurance calendar was in place to support management. This highlighted various tasks that were to be undertaken throughout the year. Regular audits were done of paperwork including medication and accidents. The manager and staff reflected informally, however, these reflections were at an early stage. This could be further developed to include targeted observations that measure the success of changes made and the impact on children's outcomes. A previous area for improvement around quality assurance and improvement has not been met and will remain in place. **(See area for improvement 1**

under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

## How good is our staff team?

4 - Good

We evaluated this key question as good, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

### Quality Indicator 4.3: Staff deployment

There had been staff and management changes since the last inspection, however, the staff team were now consistent and worked well together as a team. Staff shared they felt well supported and valued by other staff and the manager.

Staff worked together to ensure effective supervision of children. They discussed numbers of children attending and checked the diary for messages relating to children not attending. Staff communicated well with each other and kept the App updated when children arrived or were collected by parents.

Adult to child ratios were maintained throughout the sessions. However, we asked the provider to ensure that only having two members of staff did not impact on children's choice and experiences. For example, children could not access the outdoor area until snack was finished.

Families were welcomed into the service at pick up time. Staff were available to chat with parents and were observed interacting positively and sharing information with families which demonstrated positive relationships. Parents shared with us, "They are always communicating with us parents on the app or every time we pick up or drop off in the mornings. They are friendly and always willing to talk and communication is good."

There was a good range of staff skills and experience within the team to support children. Staff had made good use of attending training to help improve their practice. Staff should continue to access training relevant to their role and in particular training relevant to out of school club play and learning. This would support staff to develop their knowledge, skills and practice and improve play experiences for children. A previous area for improvement around staff training and development opportunities has been met. **(See area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 24 March 2023, the provider must ensure that staff have access to accurate and current information relating to medication for all children who use the service.

To do this the provider must, at a minimum, ensure that:

- a) all children who require medication or emergency and lifesaving medication have medication consent forms in place which are completed accurately and in full by parents or carers
- b) emergency plans and protocols are in place
- c) all medication consent forms are reviewed by parents or carers at least every three months.

This is to comply with Regulation 4(1)(a) 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:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 11 April 2023.**

### Action taken on previous requirement

Medication was stored safely and securely within the service. Medication consent forms and care plans were in place for children who required medication. These were now reviewed with parents at least every three months in line with guidance. We asked the manager to ensure a copy of the care plan is stored with the medication. Medication audits were now taking place.

**Met - outwith timescales**

## 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 manager should develop formal, systematic methods of monitoring and evaluating the service. These methods should support the continuous professional development in individual staff members and the improvement of the service.

This is to ensure 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).

**This area for improvement was made on 6 October 2023.**



**Action taken since then**

Regular audits were done of paperwork including medication and accidents. The manager and staff reflected informally, however, these reflections were at an early stage. This should be further developed to include targeted observations that measure the success of changes made and the impact on children's outcomes.

**While some progress has been made, this area for improvement has not been fully met.**

**Previous area for improvement 2**

Personal plans should be reviewed and updated by parents at least every six months or sooner if required to ensure that they are accurate and up to date.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 6 October 2023.**

**Action taken since then**

Personal plans were in place for all children who attended the service. Most plans had been reviewed within the last six months or were in the process of being reviewed.

**This area for improvement has been met.**

**Previous area for improvement 3**

Staff training and development opportunities should be identified and accessed to support staff in developing their knowledge, skills and experience in caring for school aged children. Staff should develop their skills in providing quality outcomes for children.

This is to ensure 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).

**This area for improvement was made on 11 April 2023.**

**Action taken since then**

There was a good range of staff skills and experience within the team to support children. Staff had made good use of attending training to help improve their practice. Staff should continue to access training relevant to their role and in particular training relevant to out of school club play and learning. This would support staff to develop their knowledge, skills and practice and improve play experiences for children.

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

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