

# CALA Croy School Aged Childcare Day Care of Children

Croy Primary School  
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Croy  
INVERNESS  
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**Type of inspection:**  
Unannounced

**Completed on:**  
26 August 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 22 August 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 and four of their families;
- reviewed online questionnaire feedback from one family;
- reviewed online questionnaire feedback from one staff member;
- spoke with one staff member and the manager;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- Children were nurtured and supported through their daily experiences through warm, caring and compassionate approaches from staff.
- Children were meaningfully and actively involved in leading their play within the setting.
- Connections to the wider community supported children's play experiences outdoors.
- Families reported experiencing a welcoming staff team who were always friendly and approachable and who had developed caring and supportive relationships with their children.
- Effective staff deployment supported positive outcomes for children.
- Some processes related to the management of medication still require improvement.
- Quality assurance process are in the early stages and further time is required to ensure these are fully embedded.

## 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?	3 - Adequate
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 outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Children were nurtured and supported through their daily experiences through warm, caring and compassionate approaches from staff which supported their security and confidence. Children who were new to the service were given time and space to explore resources. Staff were attuned to their specific needs, providing enabling and supportive interactions which helped children to be included in play experiences and have fun. As a result, children were developing confidence and positive relationships with their peers and staff.

Children benefitted from a snack time experience which was sociable, relaxed and unhurried and provided opportunities for them to take responsibility. Children were involved in planning snack choices, preparing food and clearing away dishes. They poured their own water and milk, collected and served their own snack items and had choice around where they sat as well as healthy and nutritious foods to eat. This promoted children's independence and skills for life. From recent training, staff were aware of steps to take to minimise risks of choking which supported children's safety. Staff sat with children and spent time talking to them about their day which provided opportunities to build closer relationships and find out more about children's individual interests and personalities.

Children's wellbeing was supported through effective personal planning. This was carried out in collaboration with families and partners to promote consistency and continuity in care. Staff spoke confidently and knowledgeably about the individual care needs of children and implemented strategies to support their development and progress. As a result, children received well-planned care and support to meet their individual needs.

The service had improved their management and administration of medication since our last inspection. Medication was stored in a safe and accessible way and appropriate permissions were in place for the administration of medicine. Quality improvement discussions between the inspector, manager and staff highlighted some areas that required to be strengthened. For example, ensuring that all paperwork is updated with the correct information in line with the prescribed dosages for medication. The service responded proactively by immediately gathering additional information from a family. There was a requirement regarding the effective management of medication given at the last inspection which has been met. However, an area for improvement will be put in place to address the issues identified around gathering clear information on dosages (see area for improvement 1).

### Quality indicator 1.3: Play and learning

Overall, children were meaningfully and actively involved in leading their play within the setting. Opportunities for children to play and explore some of their ideas were available through a range of play experiences such as construction, physical play equipment, art and crafts and sensory play. Children enjoyed some of these experiences and talked fondly of engaging in arts and crafts and growing plants and vegetables. Children of different ages played together which gave them opportunities to learn to collaborate with others, share resources, and develop responsibility and empathy.

Since the last inspection, some aspects of children's choice of resources and play experiences had developed. For example, children's experiences outdoors had been enhanced by becoming involved in planting and growing in the local community garden as well as having regular time to play and explore in natural outdoor spaces. Children had commented positively on these experiences: "I just like to play in the community garden in sand or watering plants." and "I love to be in the wood". However, the service acknowledged that more time was needed to review and improve the quality of resources and play experiences indoors to offer more choice and challenge for children.

Staff recognised children's achievements and often praised their efforts verbally. At times, staff supported children to share and take turns with resources for example, which facilitated their learning and development in skills such as negotiation, collaboration, and teamwork. Staff were attuned to the children's needs and engaged in play experiences with sensitive interactions which helped to extend children's thinking and widen their skills. For example, during sensory play with shaving foam and small world animals, staff modelled new language and used some effective questions to encourage children's curiosity and imagination.

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. Some well-considered experiences were evident in past planning such as junk modelling, making slime and den building in a natural outdoor space. 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.

### Areas for improvement

1. To ensure children's medical needs are safely managed. The provider should, at a minimum review and improve the systems to audit the management of medication.

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).

### How good is our setting?

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 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 within the school canteen each day and worked to ensure the environment was a welcoming space for children and their families. Since the last inspection, the service has added some items of furniture to create more defined areas for children to rest and relax and to store resources in a more accessible way. As a result, children had improved access to more organised and inviting spaces.

Overall, the indoor space provided some developmentally appropriate resources which reflected children's current interests and curiosities. Some older children were engaged in mark making and drawing activities,

younger children spent time creating imaginative play experiences with small world people and animals. There was a selection of jigsaws, board games, craft materials, reading books and computer activities which other children accessed independently throughout the session. However, there was a lack of open ended objects and loose parts to promote children's creativity and few opportunities to offer challenge in their play. As part of the service improvement plan, the staff team had planned to review and improve the indoor provision across the coming session. There was an area for improvement related to this is the previous inspection which has not been met yet and will continue.

Children accessed the gym hall within the school and had use of an outdoor area within the school grounds to support their physical activity. During the inspection children had opportunities to use gymnastics equipment as well as play badminton. Children spoke positively of these experiences and we were satisfied they enabled children to be physically active, supporting their health and wellbeing. Outdoor play was not facilitated during the inspection as the service walkie talkies had not been charged to enable staff to communicate between the indoor and outdoor space. This limited children's choice to play outdoors.

Staff conducted visual checks of the environment daily and risk assessed all areas of play to ensure they were safe for children. Children spoke confidently about how they would assess risks outdoors for example, using zebra crossings to cross roads safely and staying in sight of an adult when out in the woods. As a result children experienced play and learning in a safe environment.

Infection, prevention, and control policies and procedures were in place. For example, we observed staff and children practice effective hand washing, the building was visibly clean, and staff wiped down surfaces regularly. This protected children and staff from the spread of infection.

## 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 manager recognised the need to review the current service vision, values and aims to reflect the aspirations of their children, families, partners and the wider community. This would help the service to identify, and understand more fully, what is important for children and their families as the service moves forward.

Children and families had some opportunities to be involved in the development of the service. Children's views were sought when developing and improving snack time routines and choices. As a result, children developed more opportunities for independence and responsibility at these times which supported them to develop skills for life. Families reported effective communication with the service which included being involved in updating personal care plans and accessing other regular updates using an online app. We observed well managed handovers where important information was shared about children's experiences and care needs. As well as this, termly newsletters, regular phone and email contact all supported families to be included in the service and kept well informed. One parent commented: "Lucy is always available should I need help and advice... they always let me know what has happened that day, good and bad".

The manager had reviewed their approach to quality assurance. More robust processes had now been established, but they were still in the early stages and some gaps remained. For example, a monitoring calendar had been established however, monitoring was not consistently identifying or addressing issues with medication documentation or gaps in staff training. An improvement plan had been established with

clear actions and timescales for review. This was not yet having a significant impact because areas for improvement identified had not been fully met. The manager should continue to further embed their quality assurance processes to ensure continued improvements are made and children experience a high-quality service.

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.

## 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 key question as very good.

### 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. Families reported experiencing a welcoming staff team who were always friendly and approachable and who had developed caring and supportive relationships with their children.

The service was appropriately staffed to meet adult-child ratios and the staff team worked together to ensure effective supervision and quality engagement with children across the day. For example, the staff team communicated well when a task took them away from a specific area or the needs of children changed. The relationship 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.

Arrangements for unplanned absence were supported by effective systems to ensure children's needs were met. For example, the service tried to use members of a regular supply bank to ensure consistency in care and minimise disruption to children's routines. Personal plans and other key information was available to all staff. This ensured that staff working in the service understood the needs of individual children and how to support them.

Staff were encouraged to develop their skills to meet the needs of the children in the service. For example, some staff developed their skills and knowledge of child development, active play and providing quality learning experiences outdoors. This resulted in improved experiences for children outdoors and within the local community. Staff commented that they felt supported, enjoyed working in the out of school club and had opportunities to progress in their role. This contributed to a supportive and inclusive ethos where staff worked together as a team to benefit the children.

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

### Requirements

#### Requirement 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).

**This requirement was made on 25 March 2024.**

#### Action taken on previous requirement

Improvements had been made in ensuring children's medical needs were safely managed. Medical permission forms are fully completed by parents and carers prior to the administration of medication. Medication is stored appropriately in an accessible cupboard within the canteen space. The cupboard is locked when the service is not in use.

Staff have taken part in training on the management of medication. This has included accessing and reviewing the Care Inspectorate bitesize resources relating to the management of medication. They have used this experience to develop and improve processes within the service.

However, some documents to support the safe administration of medication had discrepancies regarding information on dosages. This had the potential for children to receive incorrect amounts of medication. As a result, the requirement has been met, however, an area for improvement will be instated to address and improve the systems to audit the management of medication.

**Met - within 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

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).

**This area for improvement was made on 25 March 2024.**

#### Action taken since then

Staff have not yet accessed suitable paediatric first aid training. Staff have completed a basic online first aid course while awaiting the provider to arrange a suitable practical course. One staff member is booked to attend a practical first aid course in the next few weeks. This delay in accessing training had the potential to lead to gaps in staff knowledge and skills which could negatively impact children's safety and wellbeing.

As a result, this area for improvement has not been met yet and will be continued.

#### Previous area for improvement 2

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).

**This area for improvement was made on 25 March 2024.**

#### Action taken since then

The staff team had taken some steps to improve the organisation and accessibility of resources for children indoors. However, further time is required to implement planned changes to improve the range of

developmentally appropriate resources indoors which reflect children's interests, encourage their creativity and allow them to develop lifelong skills.

Therefore, this area for improvement has not been met yet and will be continued.

## Previous area for improvement 3

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).

**This area for improvement was made on 25 March 2024.**

### Action taken since then

Clear and effective plans to improve and develop the service have been created but not yet fully implemented.

Effective systems are not yet in place to monitor and improve the quality of children's experiences and the service as a whole. For example, plans to improve the monitoring of medication, quality of children's play experiences indoors and gaps in staff training have not yet been fully addressed.

As a result, this area for improvement has not been met yet and will be continued.

## 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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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