

# Drakies Out of School Club Day Care of Children

Drakies Primary School  
Drumossie Avenue  
Inverness  
IV2 3SG

Telephone: 07876 542 621

**Type of inspection:**  
Unannounced

**Completed on:**  
29 August 2024

**Service provided by:**  
CALA Out of School Care

**Service provider number:**  
SP2010011111

**Service no:**  
CS2010278924

## About the service

Drakies Out of School Club is situated in the housing estate of Drakies on the outskirts of Inverness in Highland. The service provides an after school club and operates from a shared space within Drakies Primary School. The premises includes the use of a classroom, 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.

Drakies Out of School Club is registered to provide a daycare of children's service to a maximum of 26 primary school aged children during term time and to a maximum of 24 children during in service days and school holidays. The care service operates between the times of 14:30 until 18:00 during the school term. On in-service days and during the school holidays the service will operate on week days from 08:00 to 18:00. The service is provided by the Care and Learning Alliance.

## About the inspection

This was an unannounced inspection which took place on 28 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 two of their families;
- reviewed online questionnaire feedback from four families;
- spoke with staff and the manager;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- Children experienced warm, caring and nurturing approaches from staff which supported positive relationships and helped children feel valued, safe and secure.
- Staff listened to children's ideas and used their interests and real life experiences to plan and extend their play.
- Some play experiences helped to develop children's skills in language, literacy and numeracy.
- Indoors, there were limited resources available to provide opportunities for open ended, imaginative play or for children to experience challenge and be creative.
- 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.
- Quality assurance processes should be further developed to support the improvement of the service.

## 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?	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?

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 experienced warm, caring and nurturing approaches from staff which supported their overall wellbeing. New children transitioning into the service were welcomed by staff who spent time getting to know their likes and preferences. Staff interactions facilitated play choices and celebrated children's achievements which fostered children's confidence and security and promoted positive relationships.

Children were treated as individuals by a staff team who knew them well. All parents who responded to our survey strongly agreed that they have a strong connection with the staff caring for their child. Comments from parents included; "The staff are wonderful. They really seem to care about my children and have taken time to know them well. They take children's preferences into account for snacks/ activities." and "Angela and the team are fantastic. They are warm, approachable and will always do their best to support parents and our children.". This fostered the development of positive relationships with families and helped them to feel confident their children were nurtured and supported.

Overall, staff were aware of and understood the information within personal plans and were using this effectively to meet children's needs. Personal plans sampled had been reviewed with families to support consistency of care. All families who responded to our survey strongly agreed with the statement: 'Staff know my child well, including what they like and what is important for their care'. Staff knew the children well, however, some personal planning information was not clearly documented which impacted the ability to effectively review and update children's current needs. We spoke with the service about ensuring strategies to support children are clear to ensure they can be effectively implemented and reviewed.

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 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.

Some information to support the safe management and administration of medication was not always clear. For example, one medication had discrepancies recorded relating to dosages and some parts of documentation to support the safe administration of medication were not complete. This had the potential for medication to be administered to children incorrectly. We spoke with the manager about improving the quality assurance processes in place to audit medication documentation effectively. We signposted best practice guidance documents and information to support the safe management and administration of medicine on the Care Inspectorate 'Hub' (see area for improvement 1 in 3.1).

### Quality indicator 1.3: Play and learning

Children had opportunities to lead their own play within the indoor classroom. 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 to play chess and staff provided resources to accommodate this. Another child wanted to play a physical dancing game indoors and staff supported them to access resources and set this area up accordingly. This demonstrated children's needs and interests were valued and respected.

Some play experiences helped to develop children's skills in language, literacy and numeracy. For example, children had access to a selection of mark making and craft materials which supported their writing skills. Staff shared stories with children and one child had created and written their own short book which staff praised and celebrated. Some children spent time with an adult measuring and comparing heights of their peers and marking these on a wall chart. Staff interactions at this time developed children's understanding of measure and height. As a result, children were supported to extend their skills and widen their thinking.

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 construction materials, a sensory box, a small selection of reading books and mark making resources. However, there was a lack of open-ended resources and loose parts to support children's creativity and imagination. We spoke to the service about developing the quality of resources and play experiences indoors to offer more choice and challenge for children. We signposted best practice guidance: 'Loose Parts Play: A Toolkit' to support the service with their ongoing development and review of high quality resources to support children's play (see area for improvement 1 in 2.2).

Planning approaches were informal and mostly responsive to the children's interests and ideas. Staff listened to children's ideas and used their interests and real life experiences to plan and extend their play. A floorbook was used to document learning and involve children in the planning process. However, there were some missed opportunities to extend and develop children's ideas in a meaningful way. For example, a child had expressed an interest in homelessness. Although, staff documented this, there was a lack of opportunity to engage and enquire with this child around this more spontaneous interest, and potentially spark planning and meaningful experiences around it. Children's experiences were shared with families at drop off and pick up times. Plans were in place to develop the use of an online app to share information about children's experiences more formally with families.

## 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 classroom area each day and worked to ensure the environment was a welcoming space for children and their families. However, there was a lack of suitable resources to offer spaces for children to rest and relax and some items of furniture were damaged. For example, the book case was broken and facing the wall which made it difficult for children to access books. As a result, children did not always access an environment which met their needs.

Children's opportunities to experience outdoor play were limited. The classroom space had direct access to the outdoor school playground and pitch area. Staff commented that the children did experience regular outdoor play and that they understood the benefits of this. However, outdoor play was not facilitated during the inspection which limited children's choice and did not support them to be active and healthy.

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 imaginary play experiences with dinosaurs. However, there were too few resources available which did not support opportunities for children to develop problem solving skills and experience challenge (see area for improvement 1).

We were satisfied that the service had appropriate infection control procedures in place to support a safe environment for children and staff. During food preparation and serving, staff followed best practice guidance and carried out effective cleaning of tables before and after snack. We observed children being supported to understand the need for good hygiene and hand washing at necessary times. This contributed to minimising risks of infection for both the staff team and children.

Arrangements for children to access toilets did not always support their privacy and dignity. The children's toilets were closed at five o'clock until the end of the session to allow for cleaning to take place. Children used a staff toilet at this time which did not follow best practice guidance. After the inspection, the manager took prompt action to address this issue to ensure staff and children had access to separate toilet facilities at all times.

### 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 at the club. This ensured families had clear expectations and were well informed. The staff team demonstrated, through their interactions and support given to children, that they had a shared vision of providing a service based on compassionate and considerate care. This supported the development of a positive ethos within the service.

Children and families benefited from a service that recognised and valued their involvement. For example, children had been involved in developing the rules and routines of the club, setting up self-registration cards and creating a club emblem. They also had been involved in developing and improving the snack time experience, offering ideas for change to help them be more involved in the process. As a result, children's views were valued and respected, which supported them to feel included within the service. 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. Time pressures often limited opportunities for staff to reflect and discuss their practice. However, one to one meetings which did take place supported staff to develop some aspects of their knowledge and skills.

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 improving the quality of information within children's personal care plans and developing the snack experience. However, some quality assurance measures had not identified or addressed issues with the management of medication, quality of resources indoors or gaps in staff training. This did not always promote positive outcomes for children (see area for improvement 1). We spoke with the manager about further supporting the staff team to identify suitable priorities for change that will make the biggest impact on children. The staff team should then reflect on the changes necessary to achieve these priorities and use best practice guidance to support this process.

## 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

Staff were welcoming, friendly and knew children and their families well. This supported positive relationships and helped children feel valued, safe and secure. Staff reported that they enjoyed their role in the service which contributed to a positive environment for children. Parents commented: "Angela and the team are fantastic. They are warm, approachable and will always do their best to support parents and our children." and "I feel our child is well looked after and the staff know him well. Lovely greeting and chat with staff at pick ups."

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. This ensured that children were well supported at all times.

Busier times of the day, such as transitions in and out of the service, were well managed and supervised. Staff ensured all children were accounted for and had effective systems in place to locate any children who had not arrived as planned. This helped to keep children safe.

Staff had some opportunities to access training opportunities and develop their skills and had completed some core training. Staff had accessed online child protection training and through discussion, demonstrated a clear understanding of how to protect children from harm. 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 3.1).



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.

## 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?	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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