

# Dulloch Out of School Club Day Care of Children

Dulloch Primary School  
Nightingale Place  
Dunfermline  
KY11 8LW

Telephone: 07515 189447

**Type of inspection:**  
Unannounced

**Completed on:**  
9 August 2024

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
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## About the service

Duloch Out of School Club is a day care of children service situated within Duloch Primary School on the community campus. Children and families use the leisure centre entrance to access the premises. The service is registered to provide care to a maximum of 72 children at any one time, aged from four to 14 years of age.

The service is in a residential area close to local shops, parks and other amenities. Children have access to the dining hall, gym hall and toilet facilities. They have direct access to the school playground.

## About the inspection

This was an unannounced inspection which took place on 8 August 2024 between 08:30 and 16:30. Feedback was given on 9 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 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
- received feedback from nine families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Children were supported by staff who were warm and kind.
- Some improvements needed to be made to children's personal plans. Information about medication needed to be reviewed with families, to ensure children consistently receive the right support at the right time.
- Children made some choices about their play but had limited involvement in planning experiences. Staff support of children's play and learning was inconsistent.
- Children had developed some connections to their local community which enhanced their play and learning.
- Quality assurance processes were ineffective which meant children did not experience high quality care, play and learning.
- Children were supported by a sufficient number of staff, however, the deployment of staff did not consistently support children's choices.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 1.1: Nurturing care and support

Children were supported by staff who were warm and kind. They experienced some fun interactions, and most children told us that they enjoyed coming to the club. They said staff were "nice", "really kind" and "very silly". Most families were happy with the care and support their children received. Their comments included: "The staff are friendly, knowledgeable, fun and caring" and "They are very friendly and warm in their interactions".

The quality of information recorded in children's personal plans varied, which meant there was the potential that some children's needs would not be met. Some children had detailed information about their individual needs and strategies of support which enabled staff to provide care and support which was right for them. However, other children's personal plans lacked information to support continuity and consistency of care (**see area for improvement 1**).

Medication was not securely stored which had the potential to put children at risk. This was addressed immediately when raised by inspectors. Medication permissions were in place to support safe administration. Staff had not reviewed these with families which increased the risk of children's medical needs not being met (**see area for improvement 1**).

A selection of healthy foods was available for children to choose from on the day of inspection, with some alternatives available for children with dietary requirements. Children and families shared mixed feedback on snack choices. Their comments included: "The snacks are nice", "I like some of the snacks", "No consistency. Some days seem nutritious and filling. Other days less so - like crisp Friday", "Not enough choice for snack when you are dairy free". Most children told us they enjoyed the snacks, and some said they could suggest snack ideas. We suggested that staff review the food on offer with children and families to ensure children consistently have a range of nutritious foods to choose from. Children did not have a choice about when to eat which interrupted their play. This resulted in children queuing and waiting for long periods of time and becoming bored. They had some opportunities to be independent during snack, for example self-serving food which supported them to develop life skills and confidence. They sat with their friends and staff, chatting, and eating together which created a positive, social atmosphere.

Staff followed child protection procedures to ensure relevant information was shared to keep children safe. We suggested ways to enhance this process to improve partnership working between relevant professionals.

### Quality Indicator 1.3: Play and learning

Some children had fun as they played independently or cooperatively with their friends. For example, children enjoyed creating the longest loom band and role played in a book shop. A few children told us they did not enjoy coming to the club. Some play experiences lacked challenge and interest to promote curiosity, joy and a sense of wonder. Staff engaged and interacted with children when invited into their play. The quality of staff interactions was inconsistent, for example, some staff got down to children's level to engage which supported positive interactions. Other staff stood supervising which meant children did not experience high quality play and learning experiences (**see area for improvement 1 under key question 4**).

Children made some choices about their play but had limited involvement in planning experiences. There were missed opportunities to empower children and actively and meaningfully involve them in leading their play and learning experiences. For example, children were not always given a choice about participating in planned, adult led activities. As a result, their free play was disrupted, and they became disengaged (**see area for improvement 2**).

Children had developed some connections to their local community which enhanced their play and learning. They told us they liked to "play rounders in the field" and that they visited parks and woods. These experiences provided opportunities to be active, explore, problem solve and investigate.

### Areas for improvement

1. To meet children's care, welfare and development needs, children's personal plans should be improved and implemented by staff.

This should include, but is not limited to:

- a) developing personal plans which set out children's current needs and how they will be met
- b) increasing staff awareness and understanding of the information within the personal plans, including support strategies
- c) regularly reviewing personal plans, including medication permissions, in partnership with families and other agencies where appropriate.

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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guide for providers on personal planning: Early learning and childcare'.

2. To provide appropriate levels of challenge and high quality experiences for children, the manager and staff should develop their approach to child led planning. This should include but is not limited to ensuring children's individual stage of development is well considered.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## 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

Children experienced an environment which was clean, bright and well maintained. They had plenty of space to play and made use of the dining hall, gym hall and outdoor area. They moved confidently between the areas most of the time. There was a lack of comfortable and cosy spaces for children to relax. One child told us they were tired and had nowhere to rest. This meant children's wellbeing was not being fully supported. We encouraged staff to work with children to create spaces for rest and relaxation that respected their needs, rights and choices.

Children could independently access developmentally appropriate resources such as board games and books. They had some fun and interesting play opportunities, for example, taking part in science experiments and circus skills. However, staff did not always present resources well and those available lacked challenge to excite and stimulate children. As a result, a few children told us that they were bored. They would benefit from a variety of open-ended materials and loose parts to enrich their play experiences and provide opportunities for curiosity, problem solving and creativity (**see area for improvement 1**).

Staff did not always work well together to promote a safe environment for children. Whilst some staff recognised risks and put in place measures to minimise these, there was the potential for children to leave the premises unaccompanied. For example, a badge to exit secure doors was easily accessible. This was resolved during the inspection by the lead officer, and we asked that they monitor this practice.

Older children, whose families had provided written permission, were able to walk home from the club without an adult. This provided children opportunities to learn life skills and develop confidence. We discussed how staff could develop a robust risk assessment, policy and procedure that enhanced children's safety. For example, staff should consider how they can take an individualised approach to supporting children (**see area for improvement 2**).

Satisfactory infection prevention and control measures were in place. For example, children washed their hands before eating. This helped to minimise the risk of spread of infection and supported children's health and wellbeing.

### Areas for improvement

1. To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should offer play spaces with a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

2. To support children to remain safe in the local community, the provider should develop and implement a robust risk assessment, policy and procedure for children who have permission to walk home from the club alone.

This should include, but is not limited to:

- (a) using best practice guidance to inform any changes to the policies and procedures
- (b) supervising and supporting children when they first start walking home alone
- (c) creating individual risk assessments for each child who walks home alone to reflect the journey they take and any other significant considerations
- (d) working closely with children and families to communicate shared expectations about keeping children safe when they walk home alone
- (e) assessing risk based on children's knowledge, understanding and confidence in staying safe while walking home alone
- (f) supporting children to learn new skills to keep themselves safe when walking home alone and being in the local community alone.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24) and 'I am helped to feel safe and secure in my local community' (HSCS 3.25).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate practice notes, 'Keeping Children Safe'.

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

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

The vision, values and aims for the setting had been developed by the manager. We suggested that children and families are involved in reviewing these to promote a shared understanding and ensure there are clear expectations about how the needs of children and families will be met.

Children had limited opportunities to share their ideas and views about the club through daily discussions and floorbooks, for example, they suggested some snack ideas. There were very few opportunities for families to give feedback about the service. Four families agreed or strongly agreed that they felt involved in developing the service, and four families strongly disagreed. Their comments included: "They welcome feedback", "There is no engagement", "Initiatives to get parents more involved", and "Parents not involved". As a result, some families did not feel well informed about what was happening in the service.

Quality assurance processes were ineffective, for example some auditing had been carried out and this did not always have a positive impact on outcomes for children. There were significant gaps in the areas covered by the quality assurance systems such as monitoring of children's experiences and staff interactions. As a result, children did not experience high quality care, play and learning. We highlighted concerns in several areas which had not been identified by leaders and which had the potential to compromise children's wellbeing. We discussed ways in which the service could develop self evaluation and quality assurance processes, to increase capacity for improvement (**see requirement 1**).

An improvement plan had been developed and was in the very early stages of being implemented. Staff had begun to reflect together on one key priority to identify changes. A culture of self-evaluation for improvement had not yet been established to bring about positive change for children and families.

On the whole accidents and incidents were recorded and communicated with families. Not all notifications had been submitted in a timely manner to the Care Inspectorate in line with guidance to support safe practice (**see area for improvement 1**).

## Requirements

1. By 29 November 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance and self-evaluation. To do this the provider must, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service, including the involvement of children, families and staff
- d) the management team effectively monitors the work of each member of staff in line with best practice guidance and provides relevant, constructive feedback and support.

This is to comply with Regulation 3 Principles (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and with section 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

## Areas for improvement

1. To ensure children are safe and the service is effectively managed, leaders should submit required notifications to the Care Inspectorate in line with guidance.

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).



**How good is our staff team?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

**Quality Indicator 4.3: Staff deployment**

Consideration had been given to ensure staffing was consistent, with familiar staff from other clubs supporting during school holidays. This provided children with some continuity of care and supported positive communication and relationships. A mix of staff skills across the day meant that children experienced inconsistencies in the quality of care, play and learning (**see area for improvement 1**). For example, some staff communicated well together which supported children's choice and independence in play while other staff were task orientated.

Children were supported by a sufficient number of staff. Management had considered the staffing levels to ensure individual children's needs were met as they were cared for by staff who knew them well. As a result, they had some positive experiences. Children were well supervised throughout the day, including busier times, which helped to keep them safe. The deployment of staff did not consistently support children's choice as access to the outdoors was sometimes restricted throughout the day. This meant children's choice of activities and play experiences was impacted (**see area for improvement 1**).

**Areas for improvement**

1. 1. To ensure children are effectively supported by staff who have the right skills and knowledge to provide high quality care, play and learning experiences, the management team should at a minimum:

- a) review the skills mix of staff across the setting, taking into account shift patterns
- b) review and make appropriate changes to staff deployment to improve experiences for children.

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).

**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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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