

# TRACC Out of School Club Day Care of Children

Tain Royal Academy Community Complex  
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**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2025

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

**Service provider number:**  
SP2010011111

**Service no:**  
CS2010271650

## About the service

TRACC Out of School Club is a day care of children service situated in Tain Royal Academy Community Centre in the town of Tain.

The service is registered to provide a care service for a maximum of 30 children aged four and a half years to 14 years old.

The service is situated in a residential area close to two local primary schools and other amenities. The children are cared for in a hall with a kitchen servery and have access to a larger hall and an outdoor area.

## About the inspection

This was an unannounced inspection which took place on Wednesday 15 January 2025, between 15:10 and 17:45 and Thursday 16 January 2025, between 15:00 and 17:45. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with one family member of people using the service
- reviewed two responses to our MS Forms survey of family members of people using the service
- spoke with three staff and management
- observed practice and daily experiences
- reviewed documents.

## Key messages

- Children experienced warm, caring interactions from staff which supported positive relationships and helped children feel valued and secure.
- Although resources were not accessible to children, staff responded to children's requests for particular items, allowing children to play how they wanted.
- Children's play and experiences were interrupted by others using the premises accessing their space during out of school care sessions.
- Children had limited opportunities to problem solve, follow their curiosity and to use their imagination through loose parts and natural, open-ended resources.
- The setting lacked inviting, cosy spaces to relax or spend time quietly.
- Staff were often task focussed, meaning there was less time for them to interact meaningfully with children.
- Parents responses indicated that that they found the staff team approachable, warm and welcoming.
- Robust quality assurance processes should be 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?	3 - Adequate
How good is our setting?	2 - Weak
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.

### 1.1 Nurturing Support and Care

Children experienced caring staff who were generally responsive to their immediate needs. Children were listened to and experienced warm, caring interactions from staff who were nurturing and encouraging. This gave children the message that they were listened to and valued.

Children's individual wellbeing did not benefit from the effective use of personal planning. For example, children's personal plans had not been regularly reviewed with parents. We found that staff had not always updated plans to reflect the most up to date information they had from parents. This created the potential for important information about children's care and support to be missed. This could impact on the ability of staff to provide the right care and support at the right time to meet individual needs. We made an area for improvement relating to effective personal planning (see area for improvement 1).

Parents were welcomed into the setting at collection times, providing opportunities for information to be shared informally. This helped staff to know children, their families and their needs well. There was the potential for key information about children's care and needs to be missed as some information had not been formally recorded in personal plans. (See area for improvement 1).

Children experienced a sociable, calm snack time and were able to choose who they sat with. There were limited opportunities for children to be involved in snack preparation and to develop independence skills as part of their snack time experience.

Staff were mostly task focused at this time, preparing and serving snack. The setting was shared with other groups which meant that some days, staff had to prepare snack before children arrived. This limited opportunities for children to be involved in snack preparation. We found that staff were task focused whilst setting up snack instead of facilitating a sociable experience or effectively supervising children whilst they ate. Being task driven impacted on their ability to spend quality time with children and to talk with them about their day in school, general wellbeing and interests. The service was in the early stages of implementing an identified improvement priority to enable children to be more involved in preparation and serving of snack. The pace of implementing improvements to children's snack time experience should now be increased.

There were some opportunities to support children to be hydrated and these could be increased. Children were able to access their own water bottles. However, during snack the table was not set with cups or drinks of milk and water. This reduced the likelihood of children accessing fresh water. We found that children did not drink much or regularly during out of school care. Using water bottles at the table had the potential to increase the risk of cross infection. Although fresh water was available at the kitchen hatch, this was not at a height accessible to all children.

### Play and Learning

Children were generally engaged and happy in their play. Their interests were taken into account which promoted good levels of engagement with activities. Children approached staff confidently to request resources from a cupboard, knowing that staff would respond to their requests. This demonstrated that children felt listened to and their ideas valued. However, staff were often task focussed, responding to

children's wishes to access particular resources. This limited opportunities for staff interact meaningfully to enhance and extend play with all children. Children were not enabled to self-select and choose resources as they were not easily accessible to them. This did not promote their ability to actively lead and make choices about their play. We made an area for improvement in relation to this (see area for improvement 2). There was a wheeled unit which contained some resources such as jigsaws and board games. The service could consider reviewing the use of this accessible storage to better reflect children's current interests and promote independent access to resources.

There were some opportunities for children to access physical play and develop gross motor skills. Children had some opportunities to play outdoors although not regularly during the winter months. Dark winter afternoons and recent poor weather presented challenges for safe supervision of play in the outdoor area. The service floorbooks displayed photographs of children enjoying more regular opportunities for outdoor play in the spring and summer months. Children were sometimes able to access a large hall for physical activity when it was available.

Some children were enjoying exploring their developing interest and learning in literacy and language. Activities such as drawing, painting, writing and books provided opportunities to foster this interest and promoted the development of skills. The service should now consider how to increase opportunities to foster children's current interests and curiosities.

### Areas for improvement

1. To ensure children's health, wellbeing, safety and individual needs are met personal plans must be reviewed with parents at a minimum of every six months. This should include but is not limited to:

- a) Accurately recording and dating new information about children's care and individual needs as it is received.
- b) Ensuring that all staff are aware of, understand and are using recorded information effectively to support children's identified needs well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS 1.15), 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."

2. To ensure that children can direct and actively lead their own play, a wide range of resources that reflect their interests and developmental stages should be freely accessible. The provider should, as a minimum, ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children, encourage creativity 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); 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 setting?

## 2 - Weak

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

Children had ample space to move around in a spacious indoor environment. Children spent most of their time in this space with only artificial light. Ventilation was limited and the temperature was very warm as the building also housed a swimming pool. The manager advised that they used fans when the hall was especially warm. The space lacked homely touches which made it feel uninviting. Provision for a cosy space to sit and relax after a day at school or to retreat for a quiet time was inadequate. There were some opportunities for gross motor play in a larger hall, when it was available. The outdoor area was not always accessible for children to access for gross motor development. There was scope to increase children's access to a space suitable for large physical play activities. As a result, we made an area for improvement relating to regular opportunities for gross motor type play (see area for improvement 3).

Children's play was often limited by other groups using the setting. This impacted on their play and experiences. For example, resources could not always be set up ready for the children's arrival. During our inspection, children's play was restricted by an exercise class being set up before the end of their out of school care session. This meant that children only had access to the small area where they sat for snack and table-top activities. The range and variety of play, and space to move was severely restricted at this time. We asked the service to work with the organisation managing the premises to improve children's play experiences by reducing interruptions from other groups accessing the space.

Some stimulating play resources were offered to support and encourage children and young people's development and interests. Introducing more open-ended resources would enable play to be enriched by encouraging children to follow their curiosity through exploration, problem solving and creativity. (see area for improvement 2 in section, How good is our care, play and learning?).

Children's safety and wellbeing benefitted from an environment which was generally clean, organised and tidy. Some infection prevention and control practices were embedded. For example, children washed their hands on arrival at the service and demonstrated effective handwashing. Water from the taps which children were using for handwashing was found to be very hot. When we reported this to staff, prompt action was taken to report the issue to facilities management. Temporary arrangements were made for safe handwashing. The service had not identified the issue so we made a requirement related to effective quality assurance processes (see requirement 2 in section, How good is our leadership?).

The security of children's personal and confidential information was inconsistently managed. Some personal allergy information was displayed in an area accessed by other groups using the premises, raising the potential for compromising confidentiality. The security of children's personal plan information had been considered and this was securely stored.

### Areas for improvement

1. To enable all children to be cared for in an environment that supports them to reach their full potential, the provider should ensure children have access to a range of developmentally appropriate activities resources which reflect their interests, support wellbeing and allow them to develop lifelong skills. This should include but is not limited to reviewing and improving opportunities for regular outdoor and gross motor play.

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

"My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adequately adjusted to meet my needs and wishes." (HSCS 5.21); and

"I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices." (HSCS 5.23).

## 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.

Children and families benefitted from a service that recognised and valued their involvement. For example, children had been involved in a competition to design a logo for a play organisation. They were proud to have had their design selected. They also had been involved in developing and improving the snack time experience, offering ideas for choices, helping them be involved in the process. However, quality assurance processes had not identified other basic aspects of children's snack experience which needed to be addressed. For example, drinks were not accessible to all children. Children's views were welcomed and valued which supported them to feel included and respected. However, quality assurance processes were not yet effectively impacting on the quality of children's overall experiences and outcomes.

Families were welcomed into the service at pick up times providing opportunities for informal information sharing which could improve experiences for individual children. A parent told us they found the service to have, "Friendly, caring staff... who make the effort to know the family well." The manager advised that the service was seeking to implement a digital platform to support communication between the service and families. This could enhance family involvement and information sharing in the future to support children's outcomes, if used effectively.

Staff spoke positively about the support they received from the manager. They told us the manager was available via phone when not on site. Staff found the manager approachable and felt they could contact them whenever they had a query or concern. Support and supervision meetings were infrequent. This meant staff were not effectively supported to reflect on their practice and the work of the service. This had led to staff not being well supported to make improvements at a suitable pace. This meant that changes were too slow to have a beneficial impact on children's experiences and outcomes.

There were some quality assurance processes in place. Some inconsistencies resulted in some gaps in processes, such as, ineffective monitoring of personal plans and water temperature. When we highlighted these issues, prompt action was taken. For example, personal plans were reorganised so that files of children no longer attending the service were archived. This step meant it was easier and quicker for staff to locate relevant information about children attending the service. However, quality assurance systems had not identified these, and other areas for development. As result children were not consistently receiving high quality care and experiences. We made a requirement relating to quality assurance (see requirement 1).

The manager and staff were able to discuss some identified areas for development. However, actions had only been partially implemented or were not yet in progress. For example, some improvements had been made to children's involvement at snack time but drinks were not accessible to all children. Self-evaluation

was not yet consistently supporting an effective process of change and improvement. There was scope to increase involvement of staff in self-evaluation and the pace of change to benefit children's outcomes.

The manager was also managing another three out of school services. This limited their time to undertake quality assurance within the service and drive the pace of improvement. We asked the provider to review Care Inspectorate guidance "Guidance on Peripatetic Management Arrangements" and to consider how effective this arrangement was.

## Requirements

1.

By 28 February 2025 the provider must ensure that that they have robust quality assurance processes in place so that children benefit from improvements which have the greatest positive impacts on their experiences and outcomes. To do this, the provider must, at a minimum:

- a) Implement clear and effective plans to develop and improve the service.
- b) Ensure effective systems are in place to monitor and improve the quality of children's experiences and the service as a whole.
- c) Ensure regular monitoring of the quality of the environment.
- d) Ensure regular monitoring of staff practice to identify good quality skills and practice as well as training needs.

This is to comply with Regulation 3 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 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?

## 3 - Adequate

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

Staff were warm, caring and had good relationships with children and families. This contributed to children feeling valued, safe and secure. Staff reported that they enjoyed their role in the service which contributed to a positive ethos. Parents commented: "Staff always greet me with a smile and a chat, they tell me what the children have been doing."

At times staff were poorly positioned to supervise and support children effectively. For example, when they sat with their backs to larger groups of children they could not effectively observe play. At busier times, such as snack time, staff became task focused resulting in ineffective supervision of children while eating and missing opportunities for meaningful interactions. Deployment of staff across the day should be reviewed to enable staff to maximise opportunities for more quality interactions. For example, by increasing children's independence skills and involvement in everyday routines such as snack.

Children's care and support benefitted from staff who communicated well and respectfully. For example, when staff moved off the floor to access a cupboard or to leave the room, they let their colleague know. This meant that staff were aware of the change to their responsibility and were able to supervise all children in that space for a short period of time.



The service had considered how staff absence would be managed. They had a plan in place which would see the manager coming to support until relief staff were in place. This had the potential to impact negatively on the managers time to manage all four services she was responsible for. We asked the provider to consider if there were any other viable alternatives.

## 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?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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