

Scone Kids Club Day Care of Children

RDM Primary School
Spoutswell Road
Scone
Perth
PH2 6RS

Telephone: 01738 459 698

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2003038929

About the service

Scone Kids Club is registered to provide a care service to a maximum of 50 children at any one time. The age range of the children will be from 4 and a half years to 14 years (if attending primary school).

Scone Kids Club is situated within Robert Douglas Memorial Primary School. The service is in a residential area close to shops, parks, and other amenities. Children have access to the gym hall and outdoor toilets. They also have access to a trim trail, forest and grass area for outdoor play experiences.

The service is provided by Perth and Kinross Council. The manager of the service is peripatetic and manages three other kids club services. A supervisor is responsible for the day to day running of the service and is supported by the peripatetic manager.

About the inspection

This was an unannounced inspection which took place on 29 and 30 January 2025. 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:

- observed the children at play
- received questionnaire feedback from 11 families and six staff
- spoke with children, staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were happy, settled and confident in the setting.
- Children were engaged in various play experiences and activities and were supported by responsive staff when appropriate.
- The service should build on creating an effective personal planning approach that reflects the full needs of each child.
- Improvement should be made to the environment to support children and their family's safety.
- Staff deployment did not always ensure that children and families' needs were met.
- Systems for the safe administration of medication should be improved to support children's wellbeing.
- The service should build on a cycle of continuous improvement that consistently supports positive outcomes for children and families.

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?	3 - Adequate
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 there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 1.1 - Nurturing care and support

Children were happy, settled and confident in the setting. Overall staff interacted well with children and took part in play and discussions with them. Some children had formed nurturing attachments with staff and sought them out when in need of support. They were responded to with care and attention which resulted in them feeling valued and safe.

Information gathered through personal plans helped staff provide individualised care. Plans sampled had been reviewed within the last six months or were in the process of being reviewed with families. This ensured relevant information was up to date. There was scope for these plans to be developed further. For example, taking into account the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included). This would enable children and staff to consider strengths, as well as any obstacles children may face in their development. To support staff to fully meet children's needs, the service should ensure any identified strategies for supporting children is understood by all involved in their care. This would support a consistent approach and continuity of care.

All about Me's had been developed recently and staff completed these with children. This provided a good opportunity to support positive attachments. Most parents agreed that they felt meaningfully involved in their child's care, including developing and reviewing the personal plans. Some parents strongly disagreed or disagreed. The service should consider how plans could be reviewed meaningfully with families. This would support a consistency and continuity of care, and support families to feel included. **(See area for improvement 1.)**

Medication was stored safely, with appropriate permissions in place. At times, audits failed to identify gaps in paperwork, for example, consent forms were not fully completed to ensure the information matched prescription labels. Some staff were not confident which children required medication and when, or the process they should undertake should the medication be needed. This meant there was potential for a delay in administering safe and effective treatment. Best practice would be to have a copy of the care plan stored with the medication to support staff in the moment. We discussed how medication should ideally move with the children between indoors and outdoors. The manager was keen to improve the administration of medication and had taken some steps to do so by our second visit. **(See area for improvement 2.)**

The manager recognised mealtimes as a valuable learning experience for children and had taken some steps to support children to be more responsible and independent throughout this process. A rolling breakfast and snack were now offered to support children's choice of when to eat or play. Staff shared that children helped to prepare snack, however, this was not observed during the inspection. The service should encourage children's involvement, especially newer children who may not be aware they are able to help. This would help develop life skills and promote independence.

Children experienced a relaxed and unhurried breakfast and snack. Children used tongs to self-select snack options, however, staff poured cereal into bowls for children. Some children shared that although they liked snack choices, they would like more input into snack choices on offer. This would support children to feel responsible and valued. We highlighted that staff could sit with children throughout to promote further social skills and a sociable experience.

Staff had attended child protection training and were knowledgeable on how to keep children safe from harm. They were confident in how to share initial concerns of children's welfare and wellbeing which contributed to keeping children safe. Chronologies were in place within all personal plans and 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 having fun and were all engaged in a range of play experiences. Children benefitted from good quality interactions from staff during their play. For example, staff played table top games with children and chatted to them about their day at school and home life. Children shared with us what they liked about the club. "There's fun things to do and I get to go outside" and "I get to play games and play with friends". This showed children felt valued.

Staff were aware of children's interests and preferences, and these were taken into account when planning for play and learning. Staff provided a balance of spontaneous and planned activities for children during sessions. We suggested that evaluations of planning should be developed. This would help staff identify ways to enhance children's play opportunities and enrich their play and learning.

Floorbooks were in the process of being developed. These identified some play activities and experiences that the children had taken part in. Staff should continue to gather ideas and topics of interests from children and use the floorbook to evidence what children know and what they would like to learn. Children should be encouraged to take an active role in these. This approach would help empower children to lead their own play and learning.

Whilst completing their All about Me's with staff, children had identified a skill they wished to learn while attending the club. For example, baking and football. It was not clear if these had been revisited or achieved. Staff should ensure they provide activities linked to children's wishes to support children to feel challenged and learn lifelong skills. These successes and achievements would support children to feel valued and respected.

Resources were available to support creative play, imaginative play, active play and den building. Children especially enjoyed the sensory play which included making playdough and soft dough. A craft table was set up to encourage writing, drawing and craft. This was well used by the children who drew pictures to take home.

Books were available for children to access to develop language and literacy. There was scope to better display these to encourage children to explore books more frequently. This would support children's developing skills in language and literacy.

Children benefitted from being able to access a large grassy area outdoors throughout the afterschool session. This gave children the opportunity to have fun and exercise. Some staff and children played frisbee together which encouraged children to develop positive relationships as they played together, shared and took turns.

Areas for improvement

1. To support children's wellbeing, personal planning should be improved to ensure plans reflect each child's current needs and sets out how these needs should be met. Plans should be developed in partnership with parents and children (where appropriate). Where children have identified support strategies in place, all staff caring for those children should have an understanding of how to meet children's individual needs. Staff should also be skilled at putting any strategies into practice.

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).

2. To support children to be safe and healthy, medication processes should be improved to ensure they follow the Care Inspectorate's guidance; 'Management of Medication in Daycare of Children and Childminding Services'. Information recorded should be accurate and all staff should be aware of children's medical needs including signs and symptoms.

Management should also improve their quality assurance processes to ensure the safe 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?

3 - Adequate

We evaluated this key question as adequate where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 2.2 - Children experience high quality facilities

Children were cared for in a large gym hall within the school. There was ample space for children 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 some floor space for floor play. This supported children's choice.

There was a wide range of resources available to support play and children's interests. Resources were of a good quality and age appropriate and were set out prior to children's arrival. Additional resources were not accessible to children, however, staff shared plans to tidy resource cupboards and allow children more independence to choose. We suggested a catalogue could be developed which would provide all children with an overview of all resources available to them. For example, younger or newer children to the service.

There were three exits from the hall which were all able to be opened from indoors. These doors were unlocked with no alarms. The service was aware of this and had taken some steps to minimise the risk to children. We discussed further options that should be taken to minimise the risk of children leaving the service unnoticed. **(See requirement 1.)**

The club had access to one noticeboard for families and additional spaces for children to display their creations. However, displays were damaged and had not been renewed. As a result, children had nowhere to display their creations and learning and provide a sense of ownership. Plans were being developed for renewing the displays. We also discussed how the floorbook could also be used as a way for children to feel they have somewhere to promote their work.

During our visits we found the noise level in the hall to be quite high. For example, the television was put on in the afternoon session and staff seemed unaware that it was very loud. As a result, children raised their voices over each other to be heard. The manager had recognised this was an area that needed developed and had taken steps to identify how acoustics could be improved. We discussed together options of how noise levels could be reduced. For example, offering a quiet, cosy area for children to rest and relax and reminding children to use quieter voices when playing in small groups.

The outdoor environment included a large grassy area, trim trail, adventure playground and forest. This area was not fully safe as not fully enclosed. Staff minimised this risk by placing boundaries on the outdoor area with children only allowed to access the grassy area and adventure playground. This was having an impact on children's choice as they shared, they wished to access the trim trail and forest.

A previous requirement around lighting at the main door of the club had been met, however, we found that there was still limited outside lighting in the car park to direct people safely from the club in the dark. The service must ensure that the environment is safe for everyone accessing the club. **(See requirement 1.)**

The setting was clean and tidy. Staff washed hands before prepping breakfast or snack. Children did not always wash hands or wash hands effectively on arrival from indoors and before eating. This was shared with staff on the first day of inspection, however, was still not happening effectively by the end of the inspection. To minimise the risk of infection spread, staff should ensure children carry out effective handwashing consistently and in line with current infection control guidance. **(See area for improvement 1.)**

There were no toilets available in the hall so all children accessed a toilet block outdoors. Staff had shared that children go separately with a member of staff to the toilet. Toilet spaces looked tired and should benefit from being free of odours. The manager shared plans to improve toilets. We highlighted 'Space to Grow and Thrive' guidance which states that toilets should be well ventilated, suitably heated and be in a place which is within easy reach of children to promote their independence. School aged childcare settings should also have separate gender specific toilets. **(See area for improvement 2.)**

Requirements

1. By 27 June 2025, the provider must ensure that all children and families are safe.

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

- a) appropriate outdoor lighting is provided to guide people leaving the service through the school grounds
- b) exits from the hall are alarmed or locked.

This is to comply with Regulation 4(1)(a) and 10(2)(c) 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:

'My environment is secure and safe' (HSCS 5.19).

Areas for improvement

1. To prevent the potential spread of infection, management and staff should ensure effective regular handwashing is taken place by children.

This is to ensure the quality of the care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To support children's wellbeing, the provider should improve toilet spaces for children. Toilets should be well ventilated, suitably heated and in a place which is within easy reach of children to promote their independence.

This is to ensure the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 3.1 - Quality assurance and improvement are led well

The service was led by a reflective and committed management team. They engaged well in the inspection process and were open to feedback to improve experiences for children. This demonstrated an ethos of commitment and willingness for continuous improvement.

The vision, values and aims of the service were clear and put children and families at the heart of the service. We asked staff about these, however, some staff could not share what they were. 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. This would ensure that the service reflects the aspirations and wishes of all of the families and children that access it.

There had been significant staff changes in the last year which had included a new club supervisor and senior supervisor being recruited. Ongoing changes to the staffing structure of the setting had impacted on capacity to make and sustain improvements to the service. Due to staff vacancies, the senior supervisor had spent a considerable amount of time supporting the staff on the floor. We recognised the challenges of making and embedding improvements with a changing staff and management. There now needs to be a focused approach, moving forward positively with the changes needed to improve outcomes for children.

We encouraged the service to progress with their identified priorities and their own action plan to address key areas of the service.

Management and staff spoke of positive working relationships. They shared they felt supported and respected by management and each other. Staff shared they did not have regular meetings or one to ones. They told us they would like to be involved in these to support their ongoing development. Formal support could be further developed to provide opportunities for guidance, feedback and professional development. This would enable staff to develop and improve outcomes for children through reflective and supportive discussions.

Families had been welcomed back into the service to collect their children. This supported families to feel part of the service. There were times when there were missed opportunities to ensure good communication with families about their children. Families shared with us: "Feedback at pick up, sometimes I don't get anything", "I would like more contact with staff at pickup" and "I would like more communication from them in regard to the snack plan for the week". The service should improve communication to help support partnership working and effective information sharing with families.

Some quality assurance measures were in place that could help monitor the quality of the service and children's experiences. For example, environment observations and audits helped to evaluate the quality of children's experiences and play environment. Some informal monitoring of staff practice was in place. A more formal approach should now be taken to consider how practice is monitored, specifically around staff deployment and knowledge of children's medication needs. The team should now become more familiar with current best practice and frameworks and use this information to effectively identify areas of strengths and areas for improvement. **(See area for improvement 1.)**

Areas for improvement

1. To support positive outcomes for children and families, the service should continue to develop and build a cycle of continuous improvement. This should address the areas that management, staff, parents and children feel need most improved, including monitoring and supporting staff practice.

This is to ensure the quality of the 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 there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator 4.3 - Staff deployment

There had been significant staff changes in the last year which had included core staff leaving, the recruitment of new staff and the regular use of supply staff. A new club supervisor and senior supervisor had recently been recruited, and one position had not been filled. Staff and parents shared concerns on this impact that high turnover of staff was having on children's outcomes. The majority of families told us they

did not have a strong connection with staff caring for children and were not well informed of who was caring for them. The service should consider how to support positive connections between families and staff. This would support families to feel confident in the care provided for children.

There was a mix of qualified and unqualified staff in the service. Some staff were more skilled and experienced than others. Most staff have participated in core training or core training was planned. To further enhance staff skills, it would be beneficial for the management team to identify individualised training to inform practice. This would provide targeted support and develop the skills, knowledge and experience across the staff team to ensure consistently positive outcomes for children.

An induction was in place for new staff. Some of the staff were not clear on what children's medication needs were. For example, one staff member shared a child had eczema and needed cream, however, they had asthma and had an inhaler. They did not know when the child required the inhaler. We suggested the use of the reflective questions in the National Induction resource and regular meetings with new staff to support them to develop their knowledge and use a more reflective approach.

Staffing levels met ratio requirements and overall staff deployment ensured children were well supervised. We observed staff undertake headcounts of children to ensure children were accounted. However, on a few occasions outdoors, staff deployment was not consistently effective in supporting children and families. For example, at times when one staff member was outside with children, they were unable to accompany children back to the club from outdoors. Families shared their concerns with us regarding this: "Better supervision when kids are returning from outside to inside the building. There are times when pupils are allowed to make their way from the wood to the main building unattended". We also shared that staff should be mindful of how they position themselves outdoors to enable them to see all children. This would further support children's safety. The manager agreed to undertake regular monitoring of staff deployment to help staff ensure they were fully supporting children and families during busier times of the club session.

Children did not have free flow access to the outdoors, however, overall, this was managed well. Staff communicated with radios which enabled children to decide where they played. Children did not access outdoors during the breakfast club and children shared they would like to be able to access outdoors in the morning session. Children also shared they did not have regular access to some areas of the playground including the trim trail and forest. Staff shared due to staffing levels they were unable to access these areas regularly. The service should consider how they plan staff deployment more effectively to ensure children continue to have choice and flexibility in where they play. **(See area for improvement 1.)**

Staff minimised risk outdoors by placing boundaries on the outdoor area, however, this was having an impact on the spaces children wished to access which included the trim trail and forest. Staff also shared they would like to take children out into the community more. For example, to the park and develop links with the local care home but staffing has not allowed for this. The manager should ensure that staffing does not impact on children's choice and experiences.

Areas for improvement

1. To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day and when forward planning.

Staffing arrangements should be well-planned to ensure there is the correct mix of skills, knowledge and experience available indoors and outdoors.

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) and

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

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

Requirements

Requirement 1

We require that by 31st August 2018 the provider ensures that appropriate outdoor lighting is provided to guide people leaving the service through the school grounds.

This is to ensure that people accessing the club can do so safely in the dark.

This is to comply with regulation 4 (1) a and 10 (2) b of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 16 March 2018.

Action taken on previous requirement

Appropriate outdoor lighting was now in place at the entrance to the club.

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

We recommend that the service develop children's personal plans to ensure that children are supported to achieve their full potential. Personal plans should set out how children's needs will be met (and must consider health, welfare and safety). Personal plans should be agreed with parents. They should be in place

within 28 days of a child starting the service and should be reviewed at least every 6 months.

National Care Standards Early Education and Childcare up to the age of 16. Standard 6 - Support and Development.

This area for improvement was made on 16 March 2018.

Action taken since then

Personal plans were in place for each child. These were reviewed at least every six months. There was still scope for personal plans to be developed further. For example, taking into account the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included). The service should also consider how plans could be reviewed meaningfully with families. This would support a consistency and continuity of care, and support families to feel included.

Some areas of this improvement have been met. To enable us to take this into consideration, a new area for improvement has been created under 'How good is our care, play and learning? Quality Indicator 1.1 - Nurturing Care and Support.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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