

Kids Fun House Day Care of Children

St. Francis RC Primary School
North East Campus
Lothian Crescent
Dundee
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Telephone: 07508 907 727

Type of inspection:
Unannounced

Completed on:
12 March 2025

Service provided by:
Kids Fun House

Service provider number:
SP2003000707

Service no:
CS2003000707

About the service

Kids Fun House is a day care of children service. The service is registered to provide a care service to a maximum of 65 children at any one time, of an age to attend primary school.

The School Age Childcare service operates from St Francis RC Primary School and benefits from having access to a community room, dining hall with nearby toilets, gym hall and playground.

About the inspection

This was an unannounced inspection which took place on 11 and 12 March 2025. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service;
- received feedback from six families;
- received feedback from five staff;
- spoke with staff and management;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children were respected and had developed positive relationships with staff who were caring for them.
- Children were provided with opportunities to lead their own play both indoors and outdoors.
- Staff demonstrated a good understanding of risks and their responsibility of keeping children safe.
- Relationships with families were supported through an online platform to share key information and assisted communication.
- By streamlining processes, improving recording and making greater use of self-evaluation models, the approach to self-evaluation and continuous improvement could be strengthened.
- The service was appropriately staffed to support the needs of the children in attendance.

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?	4 - Good
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?

3 - Adequate

Quality indicator 1.1: Nurturing care and support

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

Staff interactions with children were caring and respectful. Children shared they enjoyed attending the service. Children's comments included "staff are kind" and "it's a safe space, after a hard day at school grown-ups cheer us up here". Positive relationships and bonds with staff supported children to feel valued, secure and settled. One parent told us "X absolutely loves this club, the only regret is they didn't join sooner".

Staff knew children well and had some strategies to support children. However, personal plans were not fully completed and improvements in the recording and reviewing of these was required. For example, key information was missing from children's plans, information available lacked clarity and reviews had not taken place for long periods of time. We discussed with the manager the importance on ensuring children's start dates and review dates were clearly recorded. We reminded management that information within personal plans must be reviewed with parents at least once every six months, or sooner if there are changes in care or welfare. The service should make personal plans more streamlined and purposeful to support all children to receive individualised care and support (see area for improvement 1).

Management of medication needed to be improved to keep children safe. For example, we identified consents for administering medication were not clear, signs and symptoms were not recorded and the storage of medication was not in line with guidance. Formal reviews of children's medical needs were not routinely completed or maintained. This had the potential to cause confusion and negatively impact on children's health and wellbeing. Management need to improve the approach and record keeping around the safe administration of medication (see area for improvement 2).

Snacks were considered to promote positive mealtimes. Spaces were clean and suitable for school age children. Children were given responsibility and ownership through self-serving, pouring their own drinks and accessing a rolling snack. This supported independence, choice and life skills.

Children were kept safe by staff who were confident in a range of procedures, including safeguarding children's well-being and accident and incident reporting. Staff were trained and demonstrated knowledge around the procedures to follow and action to take to protect children from harm. One staff member told us "I really enjoyed the child protection training. It gave me a better insight on how to approach situations and what signs to look out for".

Quality indicator 1.3: Play and learning

Children were busy and happy to chat to inspectors to showcase their service. A number of children told us they had attended the service for a number of years. One child shared "the club is good, staff do fun things with us". Children had opportunities to be creative with the resources available and engaged in freely chosen activities. Children's positive connections with the service supported their play and learning.

Staff were skilled in supporting children through their play, for example, adapting resources to meet the needs of the individual children through activity planners, staff rotas and effective deployment of staff.

A balance between spontaneous and planned play experiences supported a smooth transition between school and the service. Planning was child led and was influenced by children's choice and what they wanted to do. We observed children busy using playdough, accessing computer games, board games, outdoors and arts and crafts.

Children experienced regular outings and trips during holiday periods. This provided children with wide ranging experiences outwith the setting.

Floor books were in place and captured a range of children's play and learning experiences. For example, trips, art work and celebrations. This included children's voice and reflections. A range of activities and fun experiences were shared using an online platform with families. This allowed children and families to reflect and revisit skills and experiences they have learnt through play.

Areas for improvement

1. To promote children's health, wellbeing and safety needs, the provider should implement a system to review all children's individual personal plans at least once every six months or sooner if changes occur. This will ensure the service complies with current legislation and information held is current and remains of good use.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 ensure children's health and wellbeing needs are supported, the provider should review their approach to medication and ensure it is in line with Care Inspectorate guidance 'Management of medication in daycare of children and childminding services'. This should include but not be limited to

- a) having a clear policy and procedure in place which is followed;
- b) completed consent forms to support instructions of medication; and
- c) medication forms that capture clear signs and symptoms, reviews and confirmation of first dose.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21).

How good is our setting?

4 - Good

Quality indicator 2.2: Children experience high quality facilities

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children's play space was within the school's atrium. The space was clean, spacious and benefited from natural light. Children could freely move around and access most areas, games and activities with ease. Parents told us "I know my child is well cared for as they come home every day and say they have had a great time" and "the range of activities and toys available cover all age ranges perfectly".

Children had opportunities to play outdoors and benefited from a safe, secure large space that included a trim trail, large grass field and concrete playing surface. This promoted active, healthy lifestyles for children.

Staff told us they were in the process of ordering new resources as storage had improved. Additional resources and areas could offer children softer, relaxed spaces and expand opportunities for challenge and promote curiosity and creativity.

Infection prevention and control measures were in place. For example, handwashing took place during the session and personal protective equipment (PPE) for staff was in place and used appropriately. This reduced the potential spread of infection.

Staff demonstrated a good understanding of risks and their responsibility of keeping children safe. Security and safety for children was considered through effective security measures, head counts and effective communication across the team. Risk assessments and check lists were in place to help minimise the potential of harm and promote children's safety. We discussed benefits of developing clearer records of hazards and control measures within risk assessments. Including clearer actions would further minimise potential risks to children and staff.

Information about children and their families was kept in a safe and secure manner in line with general data protection regulations (GDPR).

How good is our leadership?

3 - Adequate

Quality indicator 3.1: Quality assurance and improvement are led well

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

The staff provided a welcoming service and had developed positive relationships with families. They demonstrated a willingness to improvement and were receptive to feedback during the inspection. Staff told us "we have built up a good relationship with all the children and staff which makes the children feel supported" and "the successes are the staff working together to make the place fun and enjoyable for children".

At the time of inspection, the service did not have a fully working quality assurance system in place. A quality assurance calendar which includes reviewing personal plans, medication and updating policies needed to be developed. This would ensure children's health, safety and wellbeing continues to be maintained.

Management had identified areas for development for the service. However, these had yet to be started. Whilst some self-evaluation took place in partnership with children and families, for example, surveys and love heart feedback sheets, the service had yet to act on feedback or create a clear plan to manage and monitor changes. By implementing this, it would ensure children and families benefited from a service that strives for continuous improvement (see area for improvement 1).

The service had failed to properly notify the Care Inspectorate of changes to the committee. We reminded the provider of their role in informing the Care Inspectorate and signposted guidance outlining what must be reported. This is to ensure the service is operating to meet legal and regulatory requirements. This was an area for improvement made at the last inspection and will be continued (see what the service has done to meet any areas for improvement we made at or since the last inspection).

We could not fully review the provider's approach to recruitment due to information not being readily available. For example, references and checks, such as PVG's information had not been logged or was made available to us. To ensure people were safe and right, with suitable skills and values, to be recruited, we have requested the manager revisits recruitment files (see area for improvement 2).

Policies and procedures were in place to support the running of the service, however not all policies were readily available. Management highlighted these were in the process of being reviewed. Moving forward, the manager should ensure all policies are updated and are reflective of accurate information about the service. The manager agreed to ensure policies are available for children and families to access.

Areas for improvement

1. To promote a culture of continuous improvement so that outcomes for children and families can be as positive as possible, the provider should develop and enhance the current approaches to quality assurance and self-evaluation.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. To support children to receive high quality care, play and learning, the provider should use thorough and safe recruitment processes, including but not limited to, requesting accurate and appropriate information or references relating to a person's suitability to work in a specified role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

How good is our staff team?

4 - Good

Quality indicator 4.3: Staff deployment

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

The deployment and number of staff working in the service was appropriate to meet the needs of children. The service ensured children were cared for safely. For example, staff sensitively prepared and accompanied children for transitions and handovers at home time. Staff shared:

- "we always have enough staff to support our children and the number of children we take in daily"
- "there's always a staff member in sight, if one staff member goes to the door and one takes children to the toilet there's always a staff member there to meet their needs".

Children benefited from continuity of staff throughout the session. The team were stable and consistent, which ensured families knew which staff were supporting their children. Staff worked and communicated well together. For example the use of walkie talkies supported effective communication and information sharing.

Caring staff promoted the development of positive relationships with families. Families shared "staff are fabulous, they always go above and beyond", "the staff are not only lovely and friendly they are all very approachable and professional" and "staff are really helpful". The deployment and approach to staffing supported positive relationships and contributed to children's feelings of being nurtured and respected.

Staff were supported by the management team who spent regular time in the service. This helped to build positive working relationships and allowed time for professional discussion. One staff member shared with us how visiting another setting enabled them to come back to their setting and implement new ideas.

Staff were skilled and understood when to intervene and when to allow play to develop. For example, children were observed singing, using musical instruments, accessing computers and turn taking without staff input.

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

The committee must submit information to the Care Inspectorate in line with their registration requirements. This includes, but is not limited to, change of committees or associations notification to ensure those in the roles have been safely appointed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23); and
'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

This area for improvement was made on 6 February 2023.

Action taken since then

The manager shared there had been changes to the committee. However no information had been submitted to the Care Inspectorate. Further changes and a review of the committee were planned. We asked the service to update notification information once changes take place.

This area for improvement will be continued.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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