

## Sinclairtown Out of School Club Day Care of Children

Sinclairtown Primary School Roomlin Gardens Kirkcaldy KY1 3BJ

Telephone: 07515 189 479

Type of inspection:

Unannounced

Completed on:

7 March 2025

Service provided by:

Fife Council

Service provider number:

SP2004005267

**Service no:** CS2003015206



## Inspection report

### About the service

Sinclairtown Out of School Club provides a school aged childcare service to a maximum of 40 children at any one time, from an age to attend primary school to 14 years of age. The service operates from the dinner hall of Sinclairtown Primary School that is in a quiet residential area of Kirkcaldy, Fife. They have access to the extensive school grounds, as well as other areas of the school including the gym hall. There are local parks and other amenities close by.

## About the inspection

This was an unannounced inspection which took place on Wednesday 6 March 2025 between 14:45 and 18:00. The inspection was completed and feedback given to the provider on 7 March 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke to all children using the service
- spoke with and reviewed survey results from family members
- · spoke with staff members and management
- · observed practice and daily life
- · reviewed documents.

## Key messages

- Clear commitment to further improvement from management and staff.
- Happy children who were busy and engaged throughout their time in the service.
- Some improved resourcing helping to meet children's interests and needs.
- Friendly, nurturing staff who communicated well supporting children's wellbeing.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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/people and clearly outweighed areas for improvement.

Quality indicator 1.1; Nurturing care and support.

Children had developed positive relationships with staff who were kind, gentle and spoke respectfully to them. Children readily approached staff with requests and were quickly responded to, supporting children to feel valued and respected.

Children enjoyed snacks which were mostly nutritious and balanced across the week encouraging them to eat healthily. Opportunities to be independent during snack time had been increased. Children enjoyed taking on the responsibility of preparing and setting up snack and washing their own dishes. Snack time was a sociable occasions with different staff joining children at the table and engaging in friendly conversation throughout. We asked the manager to consider how children could be more involved in the clear up after snack and to monitor some snack items for salt and sugar levels to further promote healthy eating.

Children enjoyed having a cosy, private space through the provision of a covered 'den' space or tent for rest and relaxation. They held private conversations and giggled with each other in this space, which provided them with some privacy. We asked the service to be mindful of how some children were using this space to ensure that other children consistently have access to a restful and comfortable space for quieter activities such as reading.

Personal plan information was up to date ensuring that children's needs could be met. The all about me sheets allowed children regular opportunities to reflect on their learning and experiences in the club. Where children required additional support, staff were aware of strategies in place and used these to support children to achieve. We asked the manager to ensure that regular review of care plan information around specific individual needs was also reviewed at least once every six months even if there were no changes.

Although no medication was currently held systems were in place to support safe storage, recording and administration contributing to children's wellbeing. These had recently been reviewed light of revised guidance to reflect best practice and further promote children's safety.

Overall, children were safeguarded as staff held good knowledge of child protection concerns and reporting procedures. These were passed to the school during term time for management, however staff were aware of and confident in their roles out with school hours to ensure prompt action. We saw how staff had supported children to understand that their body belongs to them enabling them to keep themselves safe. All staff regularly refreshed child protection training ensuring their knowledge of potential abuse was up to date enabling them to meet individual children's needs.

### Quality indicator 1.3; Play and learning.

Children were able to choose whether to play indoors or outdoors. They moved freely around the hall and chose between a range of play experiences which included table top games, art and crafts, dressing up and small world/imaginative play alongside space to rest/relax. Outdoors, children enjoyed exploring and using

small physical play equipment. This enabled children to choose how to spend their time. One parent told us "There are always a variety of different activities laid out for the kids. The kids can decide what they want to do l.e play outside/role play etc".

Planning supported some planned experiences of cultural and global events, fostering children's sense of identity and promoting tolerance and respect for others. Planning was responsive to children's current interests such as wanting to know more about 'bats' along with activity planning which enabled children to have a voice. Recent planning covered too wide a time frame and should be reviewed to increase frequency in order to be more responsive to children's current interests. The floor book could now be developed improve recording of planned experiences and learning. This would increase children's influence and support improved relevance, depth and challenge to provision of activities and experiences. This would further promote children's outcomes and enjoyment.

Children accessed regular risky play opportunities in the outdoor space. Children enjoyed climbing trees and were supported to manage this within their limits. Creative play was supported through arts and crafts where children were supported to learn new skills such as learning to knit. There was scope to further increase provision within the playroom to ensure more breadth of activities and experiences. For example, increasing literature available by adding comics and magazines alongside books may further encourage some children to read.

Children were encouraged to make choices through the use of the activity planner and helping staff in choosing resources on arrival at the club. Staff were responsive to children's requests during their play quickly enabling children's continued play and enjoyment. There was scope to develop children's opportunities to make more informed choices through exploring the rights of the child in different ways within the club.

Children had access to a range of suitable books and games to support their language, literacy and numeracy. Games such as chess enabled them to learn about strategy. There was now scope to build on literacy resources with other medium such as comics to engage all children in reading.

Children were able to make use of the local and wider community out with term time, through outings which provided them with further variety and fun in their day. Community links during term time were limited, for example, occasional visits to the shops. We asked the service to consider how they could develop community links during term time to enable children to build their civic responsibility.

Children were able to identify and review their next steps with staff support within their all about me booklets. This allowed children some opportunity to influence their time in the service and review their own successes.

## How good is our setting?

4 - Good

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

Quality Indicator 2.2; Children experience high quality facilities.

The space available for children was in good order, well ventilated and bright. It benefitted from direct access to the outdoor area, enabling children's choice. Provision of cosy spaces with blankets and cushions provided children with a comfortable space to rest and relax.

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The large outdoor space with trees and fixed equipment enabled and invited children's exploration and physical activity along with opportunity to take risk. Children also had access to a space within the school which fully supported loose parts play to enhance children's creativity. Unfortunately, this space was currently out of bounds, we therefore encouraged the service to progress with their own plans to request 'loose part's and build their own provision to use during outdoor play in the main outdoor space.

A risk/benefit approach was in place around some activities such climbing trees which promoted children's opportunity for riskier play activities. Staff were keen to develop opportunities for the use of fire with children. They had identified and were keen to complete training to support them in delivering this. This would provide children with more opportunity to explore risk in a safe and supportive way, enabling their understanding.

Children's safety was promoted as storage of hazardous items was managed appropriately such as staff belongings, chemicals and utensils. Food storage in fridges and cupboards was appropriate and toys and resources were seen to be in good condition. As the play space was within the school there was a system for reporting of maintenance which ensured issues were addressed in a timely fashion ensuring children benefit from an safe environment.

Full written risk assessments were held and were recently reviewed, minimising harm for children. Staff had recently been reviewing children's safety with them using the SIMOA (safety, inspect, monitor, observe, act) resource. They had recently produced pictorial risk assessment sheets for children to complete prior to their outdoor play. This would raise children's awareness of risks and how to address them.

There was a good variety of resources available for children during the visit, with these meeting children's interests and level of development. Additional resources were introduced during the session as a result of staff responding to children's requests, interests or level of engagement. We suggested developing a photographic inventory catalogue of all resources. Children could use this to increase their access to resources which would extend their play, interests and aid their enjoyment. This would also support new children to quickly familiarise themselves and enable their settling in. The area for improvement made at the last inspection has been met with suggestions to continue to monitor and improve resources and accessibility.

Children's health and wellbeing was supported as they benefitted from a clean and tidy environment. Children were encouraged to wash their hands at key points throughout the day such as on arrival, before and after eating and after outdoor play. This enhanced their physical well being and reduced the spread of cross infection.

Children's privacy was maintained as all information was stored appropriately within locked cabinets and staff were aware of their role in ensuring they did not discuss individual children out with the setting. Information about allergies was also displayed discreetly within the food cupboard. This ensured confidentiality for children and families.

## How good is our leadership?

4 - Good

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

### Quality Indicator 3.1; Quality assurance and improvement are led well.

The service aims were displayed and were recently reviewed which had supported the new team in moving forward with a clear vision for team work and improvement.

A detailed quality assurance calendar was supporting continuous review of all aspects of provision. Staff skills were being built through their involvement in taking responsibility for some of the monitoring tasks and they spoke reflectively about improvements they would like to make. Improved monitoring sheets were now linking with quality indicators enabling an overview of the service. Peer review had recently been introduced which should help to build staff's capacity for leadership and further reflection for improvement.

Children benefitted from a service that was kept under review as an improvement plan was in place with objectives based upon self-evaluation and previous inspection outcomes. Staff responsibilities were identified enabling progression. We asked the manager to consider making the improvement plan more specific, measurable and realistic as some aims were too broad to identify and support achievable tasks and demonstrate the progress made. We suggested ensuring that actions are relevant to children and their outcomes.

Staff were using some best practice guidance documents to support their work with children. For example, using 'SIMOA' (safety, inspect, monitor, observe, act) document to support children to begin to consider how they can keep themselves safe and using the NSPCC 'pants' guidance to support children's understanding and control over their bodies. Staff's use and knowledge of best practice should be increased by building in opportunities during team meetings to discuss and review these.

Improvements made since the previous inspection were having a positive impact on children. Staff had opportunities to have shared discussions with other settings during cluster meetings and drew on their experience of working at previous settings to support them in reflecting on provision. We asked the manager to consider building opportunities for staff to visit other settings. This would allow them to observe aspects of best practice to further enhance self-evaluation and positive outcomes for children.

Children have had opportunities to review the service, such as deciding how to spend additional resources, recorded in the floor book. This involvement could be expanded by ensuring their views impact decisions and by providing feedback on their suggestions helping them to feel valued. Parental input has been limited to annual questionnaires which they accessed via a QR code displayed in the room. Parents told us they were aware of this. Further ways to involve families throughout the year should be explored, including sharing updates and gathering their views. We provided suggestions to support this. Making the improvement plan journey more visible to children and families should also be considered. The area for improvement from the last inspection has been carried forward (see area for improvement 1).

### Areas for improvement

1. To ensure that children and families are meaningfully involved in the development of the service, the provider should develop ways to capture their thoughts and views on what the service does well and what they could improve on.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

## How good is our staff team?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children/people, therefore we evaluated this key question as very good.

### Quality Indicator 4.3; Staff deployment.

Staff interactions with children were warm, nurturing and supportive contributing to children feeling comfortable and welcomed. Staff were patient with children whilst they taught them new skills and enabled them to be independent in doing things for themselves through appropriate praise and encouragement

Diverse skills and experience across the staff team along with positive relationships between all staff supported collaborative practice and positive outcomes for children. Staff are keen to share their knowledge and ideas from prior roles to enhance children's play and learning experiences.

Staff communicated well across the day whilst indoors and outdoors, making good use of walkie talkies to support the free movement of children. Upon collection of children, staff effectively shared updates with families promoting positive information sharing for children's continuity of care. One parent told us "I have the opportunity to catch up and chat about how my child has gotten on every time at pick up".

Staff were accessible to children at all times and ratio's were maintained. Staff ratio and involvement was further increased on days when the senior staff member and manager were scheduled to attend. The enhanced staff ratio due to these additional visits further increased opportunities for staff interactions with children.

Following a period of unsettlement due to absences and movement of staff there was now some stability. The ongoing support from the senior staff member along with the return of previous staff and permanent recruitment of new staff was supporting children to form relationships. A display of staff photos which included photos of temporary staff along with staff's day to day communication helped children and families to be informed of changes. One parent told us one of the most positive aspects was "Having consistent carers in attendance". We asked the manager to consider how communication about changes in staffing due to absences could be improved in the future to help reassure children and support their sense of security.

Children's safety and supervision was maintained as staff positioned themselves well within the club and across the large outside area. This maintained an overview of the children at all times. Staff were aware of where they positioned themselves which enabled them to continue to view most of the room whilst engaged in activities with children. This attention to positioning allowed staff to remain aware of children at all times and be responsive to any situations supporting their wellbeing.

# 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

To ensure children are supported to reach their full potential the provider should ensure that appropriate resources that support children's creativity and problem solving are available inside and outside. This should include but is not limited to children have access to natural and open ended resources that support their play and learning.

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).

This area for improvement was made on 15 December 2023.

#### Action taken since then

There had been investment in additional resources both inside and out which the service were continuing to build on. A new shed in the playground enabled storage of additional resources for outdoor play and staff were beginning to build a collection of loose parts play materials for use in this area. This area for improvement has been met.

### Previous area for improvement 2

To ensure that children and families are meaningfully involved in the development of the service, the provider should develop ways to capture their thoughts and views on what the service does well and what they could improve on.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 15 December 2023.

### Action taken since then

The manager identified this was still an area they needed to develop. This area for improvement has therefore been carried forward into this report.

### Previous area for improvement 3

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

This is to ensure 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).

This area for improvement was made on 15 December 2023.

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### Action taken since then

There were a range of quality assurance systems in place supported by a quality assurance calendar which the manager was using to help identify their strengths and aspects for development. This area for improvement is therefore met.

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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