

Kidzcare at Bruntsfield Day Care of Children

Bruntsfield Primary School
Montpelier Park
Edinburgh
EH10 4NA

Telephone: 07971145805

Type of inspection:
Unannounced

Completed on:
13 March 2025

Service provided by:
Kidzcare Ltd

Service provider number:
SP2003002918

Service no:
CS2003042209

About the service

Kidzcare at Bruntsfield is provided by Kidzcare Ltd. The service is registered to provide a care service to a maximum of 120 children currently attending primary school at any one time.

The service is located near local amenities and bus routes, and the accommodation includes use of the hut building in the grounds of the playground and the dining room within the school. There was also access to the school gym hall and fully enclosed playground to the rear and side of the building for active play opportunities.

About the inspection

This was an unannounced inspection which took place on 10 and 11 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from parents and carers.

Key messages

- Most children were happy, settled and confident in the setting.
- To provide challenge and interest for children, planned play experiences and resources need to be further developed.
- Improvements should be made to the environment to provide children with a safe and comfortable space. Leaders should also ensure space ratio's are adhered to.
- Regular time outdoors provided the opportunity for children to access fresh air and enjoy energetic play.
- Staff deployment did not always ensure that children and families' needs were met.
- The service should continue to further develop their quality assurance systems to ensure improvements were carried out to support 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 strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children benefitted from caring staff who greeted them warmly when they arrived at the collection point for the club. We could see that many children had formed good relationships with some staff and each other. However, during the session, staff appeared very busy and tended to focus on tasks rather than positive interactions with children. The lack of meaningful interactions and supervision of some activities, such as snack or supporting play, resulted in staff missing several opportunities to engage with children during the session. **(See Area for Improvement under 4.3: staff deployment)**

Information gathered through personal plans helped staff provide individualised care. Plans sampled had been reviewed or were in the process of being reviewed with families within the last six months. This ensured relevant information was up-to-date. Strategies identified to support children with additional support needs, allergies and food intolerances were recorded and these reflected children's current needs. We discussed with the manager the need for more detailed information to be recorded in one of the personal plans. This would support staff to keep children safe. The manager should ensure any identified strategies for supporting children are understood and followed by all staff. This would support a consistent approach and continuity of care.

Children were provided with a snack on arrival at the club. Some older children wandered the room while eating snack. Younger children sat down to eat, however, had limited opportunities to serve themselves. Leaders should review the process of snack time in both areas of the club to ensure it follows best practice guidance. Younger children should be provided with opportunities that promote independence and choice. To promote a sociable experience and ensure their safety, children should sit down when eating and staff should support this. Although water and milk was available, we did not always see children accessing this, staff should encourage children to stay hydrated throughout the session. Some parents have suggested that there is an over reliance on sugary food and the snack menu should be reviewed. The senior management team had already identified that snack time needed to be improved. The service agreed to make changes as a priority to ensure the comfort and safety of the children.

Medication was stored safely, with appropriate permissions in place. Audits carried out by the manager identified gaps in paperwork, and the manager followed this up with parents. Children accessed different parts of the school when at the club, however, medication was stored in the hut. We have asked the service to review this to ensure staff could access children's medication if required.

Staff were confident about safeguarding procedures. To ensure staff were knowledgeable about protecting children, all staff carried out online training as part of their induction which was then followed up by company specific child protection training. One staff member had not completed the company specific training, but a training date was planned.

Quality indicator 1.3: Play and learning

Children were confident and most were able to lead their own play and felt comfortable with the service and staff. The club accessed different areas within the school. The dining hall was used for crafting activities, the hut for games, books and some construction resources, the gym hall and outdoor space was used for more physical games and activities. We saw that some staff joined in with children and this contributed to building positive relationships and social skills. However, at times the organisational skills and lack of communication between staff impacted on the children's choices and the setting up of activities. Some older children told us they were bored and did not have enough to do, especially through the winter when they could not play outside. There was a mixed response from parents, some agreed that children had enough to do and enjoyed "being outdoors, baking, arts and crafts and some drawing." However, others commented that there was a need for more variety and structure to the activities and some resources needed replaced. Children should have access to a range of resources, activities and spaces that promote choice, independence and their sense of fun. **(See Area for Improvement 1)**

There were some resources to support children's play and individual interests. As previously highlighted, the service should improve the quality and quantity of activities, play opportunities and resources on offer to ensure they cater for all the children's needs and interests. Leaders should continue to evaluate, arrange play spaces and provide some open ended (no fixed purpose) and real resources to invoke imagination and challenge. Staff tidied up resources and activities before the end of the session, which restricted children's opportunities. Leaders had identified this and agreed to make changes as soon as possible to promote children's right to play. **(See Area for Improvement 1)**

Approaches to planning took account of some children's interests and linked with seasons. However, most activities were adult-led which meant children had limited choice for selecting play materials and experiences. The service had begun to make changes to children's planning and self-evaluation. A recently introduced floor book provided opportunities for children to reflect on their experiences. Daily plans were in place for activities and were responsive to the children's ideas and suggestions. Staff should continue to gather ideas and topics of interests from all children and use the floor book to evidence what children know and what they would like to learn. This would encourage children to take an active role in leading their own play and learning. **(See Area for Improvement 1)**

Children had access to books, however, as part of the evaluation of play spaces staff should review the area used. Books should be attractively displayed to encourage children to explore and read books more frequently. This would support children's developing skills in language and literacy.

Areas for improvement

1. To promote children's wellbeing and sense of fun, leaders should provide a range of challenging and interesting play opportunities that include children's ideas and suggestions. Resources should be reviewed to ensure they provide suitable challenges and include loose parts and natural materials.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

Quality indicator 2.2: Children experience high quality facilities

The service made use of the play spaces available to them across the school, separate hut building and school playground. The hut building had limited space and children could only access two toilets. We have asked the service to review the play spaces available to them. This would ensure children were comfortable and safe. **(See Area for Improvement 1)**

There were areas of the service that did not provide children with an environment that was well-maintained. In the hut building, some of the ceiling tiles were discoloured and appeared to have visible dampness. The adult toilet in the hut, which children used, was not securely bolted to the floor, had space around the flow pipe and tape was wrapped round the cistern. The gym hall had ripped flooring, this had been taped down by the service to prevent a trip hazard. The school toilets were very cold. Scaffolding was also erected in a part of the school playground, although this was safely constructed against a wall. These issues impacted on the health and safety needs of children and staff. The service should liaise with the Local Authority to ensure all areas used by the club were kept in a good state of repair. **(See Area for Improvement 2)**

The complexity of the setting meant safety was a priority for leaders. Gates were checked and locked before children arrived. Registers were handed out to staff along with responsibilities for allocated groups. Walkie talkies were the main source of communication across all areas and were used when children wanted to move into different areas or were leaving to go home. Staff kept in constant communication with each other. This did impact on how staff supported and engaged with children. We have highlighted this previously under quality indicator: Nurturing care and support.

Children had access to outdoor spaces. These were being used every day which supported children's physical and mental wellbeing. Staff should remain vigilant and position themselves to ensure all outdoor play spaces were supervised. Some families commented that they would like the children to access more green space by accessing the local park. This was discussed with the senior management team.

Parents and carers did not access the setting, and the manager told us they thought parents preferred it that way. However, families commented through our questionnaire that they would like to access the club and speak to staff about their child's day. The service have agreed to review how parents collect their children at the end of session.

Areas for improvement

1. To support children's health and wellbeing, the provider should review the play spaces across the setting and ensure no more than 22 children are accessing the hut at any given time.

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

'I have enough physical space to meet my needs and wishes' (HSCS 5.20).

2. To support children's health and wellbeing, the provider should ensure children are cared for in a well-maintained environment and have access to high quality facilities that are in a good state of repair.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

Leaders engaged well in the inspection process and were open to feedback, this demonstrated a willingness to improve outcomes for children. There was a vision statement that was shared by all Kidzcare services. The service agreed to create a statement of vision, values and aims that was individual to the service. They should consult and involve children, families and staff in the review of these to support a shared ethos. This would ensure that the service reflects the aspirations and wishes of all of the families and children who access it.

Some changes to the staff team had impacted on capacity to make and sustain improvements to the service. The management team had spent time inducting and supporting the staff. We recognised the challenges of making and embedding improvements with a changing staff team. Staff shared they felt supported and respected by management and each other. Newly recruited staff undertook an induction process and some basic development sessions. This included child protection. Established staff had appraisals and some one-to-one meetings, which supported their ongoing professional development.

Some engagement with families took place when they were collecting the children. Some families comments included, they "had good communication on the phone when there was an issue with my child" and "any time I have had concerns or queries about my child's time at Kidzcare, I have been met with openness and transparency." The service should improve communication to help support partnership working and effective information sharing with families. **(See Area for Improvement 1)**

Quality improvement visits were undertaken by the senior leadership team of Kidzcare. They had already identified most of the concerns and issues raised within this report and an action plan had been created. To support improvement, key aspects should be shared with staff and used to influence positive change. An improvement plan was in place and some evaluation of this had taken place. However, this needs to be formalised and the evidence evaluated to ensure these improvements are sustained. **(See Area for Improvement 1)**

Areas for improvement

1. The provider should continue to build on the quality assurance systems in place to ensure they are robust and effective to drive forward improvement. This should include developing family and children's participation in the evaluation and development of the service and ensure key areas for improvement are progressed.

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

'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.

Quality indicator 4.3: Staff deployment

There was a mix of qualified and unqualified staff in the service. Some staff were more skilled and experienced than others. Established staff have participated in training and stated that they had access to training when needed. It would be beneficial for the management team to identify individualised training for newer staff 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.

Staffing levels met ratio requirements and at times staff deployment ensured children were well supervised. We observed the management team undertake headcounts of children to ensure they were accounted for. However, on some occasions, staff deployment was not consistently effective in supporting children. Some staff huddled together when outside or sat too long, when they should have been consistently observing and interacting with the children. At other times throughout the session, the routines in place meant that staff became task orientated. For example, washing dishes and going early to collect children from other clubs. This impacted on children's play and experiences. In addition, staff became focused with housekeeping tasks at the end of the day and cleared away most of the toys. Leaders should review overall routines to ensure they are supportive of children's needs. **(See Area for Improvement 1)**

Staff skills and knowledge need to be improved to support more meaningful conversations and challenge and extend children's learning. There were missed opportunities to engage with children in a meaningful way because staff were very task focused. To support staff, the service had written a play document to be used as part of inducting new staff. It included different play types and was clearly linked to the play principles. Once staff become familiar with the document it should be evaluated to evidence how it is impacting on good outcomes for children.

Regular staff meetings gave staff and management the opportunity to discuss issues arising and any training needs that needed to be met. Staff had a voice within the meetings to ask questions and suggest ideas and opinions.

Staff worked well together and communicated well when leaving areas. The manager passed on information or concerns at a meeting held at the start of every session. Staff recorded when children entered and left the service, and shared this information with each other. Staff wore high visibility waistcoats which ensured children knew where staff were at all times. Walkie talkies meant that staff could communicate with each other, especially when parents were collecting their children. Although this kept children safe, it also distracted staff from interacting and engaging fully with the children.

The majority of families strongly disagreed that they had a strong connection with the staff, comments included:

'I don't know them, other than the manager who I only know via phone and email, I only see the staff when I pick my child up but she is comfortable chatting to them.'

'They are nice but interactions are fleeting.'

'The staff seem to do a good job. I trust them. Parents are not allowed into the premises so I only see the person checking the children out at the end of the day. They are always organised and friendly.'

We have made an Area for Improvement around strengthening family engagement under Quality indicator: Quality assurance and improvement is led well.

Areas for improvement

1. To support all children, the provider should ensure that staff deployment takes into consideration the space, club routines and individual needs of the children. This would ensure children experience consistent, high quality interactions that contribute to their safety, wellbeing and overall experience.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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	3 - Adequate
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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