

# Duloch Out of School Club Day Care of Children

Duloch Primary School  
Nightingale Place  
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Telephone: 07515 189447

**Type of inspection:**  
Unannounced

**Completed on:**  
9 April 2025

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2007152252

## About the service

Duloch Out of School Club is a day care of children service situated within Duloch Primary School on the community campus. Children and families use the leisure centre entrance to access the premises. The service is registered to provide care to a maximum of 72 children at any one time, aged from four to 14 years of age.

The service is in a residential area close to local shops, parks and other amenities. Children have access to the dining hall, gym hall and toilet facilities. They have direct access to the school playground.

## About the inspection

This was an unannounced inspection which took place on 8 April 2025 between 08:30 and 16:20. We gave feedback to the service on 9 April 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
- received feedback from 10 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met.
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Overall, children experienced improvements in the quality of care, play and learning.
- Children experienced warm, caring and fun interactions from staff who were kind and playful in their approach.
- Children had fun and actively led their own play. They experienced engaging, interesting and challenging play experiences.
- Children experienced an environment which was clean, safe, and well maintained. They had ample space to play and a range of developmentally appropriate toys and resources to choose from.
- Children and families benefitted from a realistic improvement plan which focused on the key priorities of the service.
- Quality assurance processes had been developed and were beginning to support improvement. There was scope for monitoring and auditing to be developed to support a continuous cycle of improvement.
- Children were effectively supported and supervised as staff were skilled and well deployed.

## 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?	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?

4 - Good

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

### Quality Indicator 1.1: Nurturing care and support

Children experienced warm, caring and fun interactions from staff who were kind and playful in their approach. Children told us, "The people who look after us are kind and funny" and "Staff are good at taking care of us". All families agreed and strongly agreed that they had a good relationship with the staff caring for their child. They described staff as "kind", "friendly", "caring", "approachable" and "fantastic". Staff knew children well and had built up positive relationships with them. Children were effectively supported by staff who got down to their level and were responsive to their needs. As a result, they were happy, relaxed and engaged.

Personal plans reflected children's current needs and were reviewed with families. This meant that children experienced care and support which was right for them. Strategies of support were clearly recorded and helped staff to provide continuity of care. Staff worked in collaboration with other professionals to share information to meet children's needs and provide a consistent approach. As a result, all children experienced positive interactions and support which created a fun and nurturing ethos.

Children had opportunities to develop independence and life skills as they planned and prepared a range of healthy food choices for snack. Children's choice was promoted as they decided when and where to eat and staff respected their wishes. This meant they enjoyed eating both indoors and outdoors and experienced relaxed, calm and unhurried mealtimes. Children and staff chatted and ate together which created a positive, social experience.

Medication was safely stored and reviewed regularly with families. Medication was audited however, these processes were not fully effective as there were a couple of inconsistencies in the information recorded on permission forms. This meant that there was the potential for children's medical needs to not always be safely met (**see area for improvement 1 under Key Question 3**).

Staff were confident in identifying child protection and wellbeing concerns, knowing when to share information with other agencies and recording significant events. This helped to keep children safe. There was scope to improve processes around following up information shared with other professionals. The lead officer was responsive to suggestions made on inspection and updated procedures to ensure clearer processes were in place to support and protect children.

### Quality Indicator 1.3: Play and learning

Children had fun and actively led their own play and learning. They had choice and independence in their play and opportunities to share their ideas about activities. Staff were responsive to children's interests and used these to plan experiences. As a result, children experienced engaging, interesting and challenging play experiences such as opportunities to investigate, be creative and collaborate in science experiments.

Children enjoyed playing together and independently. The play experiences provided children opportunities to develop skills for life and learning such as teamwork and problem solving. They had opportunities to record their play and learning in floor books. There was scope for children's voice to be more evident in the evaluation of their play and learning experiences.

Families were positive about the play experiences, including the outdoor play opportunities. Their comments included: "(My child) always seem to have fun with their friends and staff" and "The staff are fully dedicated and come up with fab ideas. There are always lots of different things going on". Staff were responsive to children's cues, giving them time and space to play and learn at their own pace and offered support when needed. Some staff interactions challenged children's thinking and understanding. There was scope to build on the consistency of high quality interactions across the staff team to enhance and extend children's play and learning.

Children told us they enjoyed going out in the local community and visited shops, parks and woods. This provided opportunities for them to learn about their local community, experience nature and physical, active play.

## How good is our setting?

### 4 - Good

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

#### Quality Indicator 2.2: Children experience high quality facilities

Children experienced an environment which was clean, safe, and well maintained with plenty of natural light and ventilation. They had ample space to play and moved confidently between the indoor and outdoor spaces. A comfortable area with bean bags, rugs and cushions had been developed. Children told us about how they used this space to relax with stories and fidget toys. Families commented positively on the play spaces. One family told us: "There are lots of different zones. The other day for world book day my child was in a tent reading a book, lots of relaxing pillows around and many others were doing the same. Meanwhile there were other areas including gym for anyone who wanted to be more active".

A range of developmentally appropriate toys and resources were available and reflected children's interests. Staff had created a catalogue which provided children opportunities to make choices about the resources on offer and influence their play. As a result, children were engaged in their play and having fun. Staff had identified that children would benefit from loose parts play, both indoors and out to offer them a wider variety of interesting and exciting play experiences. This was a focus on their improvement plan and they were in the early stages of exploring this.

Effective arrangements were in place which meant spaces were safe for children to play and explore. Risk assessments were being reviewed by staff to help them reflect on potential hazards and implement measures to reduce risks within the environment. Children had some opportunities to identify and manage risks. For example, they were encouraged to consider how to keep themselves safe when walking to the park. There was scope for children to be more involved in recognising and managing risks within the club to increase their responsibility and independence.

Children were supported to be healthy through effective infection prevention and control procedures. For example, handwashing routines were embedded into practice. This helped to minimise the spread of infection.

## How good is our leadership?

4 - Good

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

### Quality Indicator 3.1: Quality assurance and improvement are led well

Staff and leaders demonstrated a commitment and passion to make positive changes for children and families. Children were actively included in reviewing the values of the service and had opportunities to share their ideas about what the service meant to them. In collaboration with staff, they created values which were meaningful and reflective of the service provided.

Children and families had opportunities to provide feedback and be involved in the ongoing improvement of the service. For example, through questionnaires, monthly questions and mind maps. Some families told us they did not feel meaningfully involved in developing the service. Staff recognised the methods provided to gather feedback were not always effective and were exploring alternative ways to engage with families and listen to their views.

Quality assurance processes had been developed and were beginning to support improvement. For example, some monitoring had been carried out to review the quality of play and learning and staff deployment. Children would now benefit from monitoring being carried out more regularly to support the ongoing development of the service. Some audits had been developed, including an audit on play types which helped staff to reflect on the play opportunities available for children to choose from. As a result, children experienced good quality play and learning experiences. However, there were some gaps in audits. For example, the medication audit was not fully effective. This meant inconsistencies were not identified and did not highlight opportunities to make improvements to support children's overall wellbeing (**see area for improvement 1**).

Children and families benefitted from a realistic improvement plan which focused on the key priorities of the service. Clear and achievable targets had been identified and staff had been fully involved in taking forward aspects of development. Ongoing evaluation of the progress supported staff to reflect on practice and continue to aspire to make improvements. As a result, children and families experienced improved outcomes.

### Areas for improvement

1. To create a culture of continuous improvement and improve outcomes for children, regular, effective and robust monitoring and auditing should be developed and implemented. Any actions identified should be addressed promptly.

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?****4 - Good**

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

**Quality Indicator 4.3: Staff deployment**

Children were supported by the right number of staff to meet their needs. Where staff shifts changed during the session, children experienced a smooth transition as staff from both the morning and afternoon sessions supported children during lunch time. This helped to create a positive transition which supported continuity of care.

Staff communicated well and worked together as a team to ensure children were effectively supported and supervised. They considered where children played and deployed themselves indoors and outdoors to support children's safety and facilitate their play experiences. Staff had a good mix of skills, knowledge and experience which meant children benefitted from responsive, fun and meaningful care, play and learning. Children told us staff helped to keep them safe.

Staff had established positive relationships with families. Families told us they knew the staff caring for their children and that staff took time to talk with them about their child's day. This supported good communication and consistency of care.

Effective arrangements were in place in the event of absence, with familiar and consistent relief staff providing support. This meant that children and families experienced continuity of care which helped to develop positive relationships.

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

### Requirements

#### Requirement 1

By 29 November 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance and self-evaluation. To do this the provider must, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service, including the involvement of children, families and staff
- d) the management team effectively monitors the work of each member of staff in line with best practice guidance and provides relevant, constructive feedback and support.

This is to comply with Regulation 3 Principles (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and with section 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

**This requirement was made on 9 August 2024.**

## Action taken on previous requirement

Good progress had been made towards developing and implementing effective quality assurance processes. As a result, children and families experienced improved outcomes.

a) Some monitoring had been carried out to identify the quality of play and learning and staff deployment. However, this was not yet regular to support a continuous cycle of improvement.

b) Some audits had been developed and implemented and were having a positive impact on improving outcomes for children. However, not all audits were fully effective and there was now scope to develop these further to ensure they were robust.

c) A clear, effective improvement plan had been developed and implemented with the involvement of children, families and staff. Staff had reflected on progress towards the key priorities and had created a positive culture of improvement. As a result, children and families experienced improved outcomes.

d) Staff support and supervision sessions provided them with opportunities to reflect on their practice with the management team. Feedback and support helped staff to improve their practice and as a result, children experienced consistently good quality interactions.

**This requirement has been met.** A further area for improvement has been made under Key Question 3 around parts a) and b) to support ongoing improvement.

**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

To meet children's care, welfare and development needs, children's personal plans should be improved and implemented by staff. This should include, but is not limited to:

- a) developing personal plans which set out children's current needs and how they will be met
- b) increasing staff awareness and understanding of the information within the personal plans, including support strategies
- c) regularly reviewing personal plans, including medication permissions, in partnership with families and other agencies where appropriate.



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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guide for providers on personal planning: Early learning and childcare'.

**This area for improvement was made on 9 August 2024.**

#### Action taken since then

Children's care, welfare and development needs were effectively supported by staff as personal plans reflected their current needs and how they would be met. Staff had a good understanding of children's individual needs and strategies of support. They worked with other professionals to provide consistency of care. Personal plans, including medical permissions, were regularly reviewed with families.

**This area for improvement has been met.**

#### Previous area for improvement 2

To provide appropriate levels of challenge and high quality experiences for children, the manager and staff should develop their approach to child led planning. This should include but is not limited to ensuring children's individual stage of development is well considered.

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 9 August 2024.**

#### Action taken since then

Children meaningfully led their own play and learning. The approach to child led planning had been improved. For example, children's ideas and suggestions were actively sought which enabled them to take ownership of planning their play experiences. Staff genuinely listened to children and were responsive to their ideas. As a result, children experienced challenging, exciting and engaging play experiences which were relevant to their individual stages of development.

**This area for improvement has been met.**

#### Previous area for improvement 3

To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should offer play spaces with a range of resources and materials to effectively challenge and stimulate children 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).

**This area for improvement was made on 9 August 2024.**

## Action taken since then

A catalogue of resources had been created to support children to have more choice and independence in their play. They experienced play spaces which offered a range of resources and materials which reflected their current interests. As a result, they were challenged, stimulated and engaged in their play.

**This area for improvement has been met.**

## Previous area for improvement 4

To support children to remain safe in the local community, the provider should develop and implement a robust risk assessment, policy and procedure for children who have permission to walk home from the club alone. This should include, but is not limited to:

- (a) using best practice guidance to inform any changes to the policies and procedures
- (b) supervising and supporting children when they first start walking home alone
- (c) creating individual risk assessments for each child who walks home alone to reflect the journey they take and any other significant considerations
- (d) working closely with children and families to communicate shared expectations about keeping children safe when they walk home alone
- (e) assessing risk based on children's knowledge, understanding and confidence in staying safe while walking home alone
- (f) supporting children to learn new skills to keep themselves safe when walking home alone and being in the local community alone.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24) and 'I am helped to feel safe and secure in my local community' (HSCS 3.25).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate practice notes, 'Keeping Children Safe'.

**This area for improvement was made on 9 August 2024.**

## Action taken since then

Procedures had been developed to improve the safety of children who have permission to walk home from the club alone. Processes such as families confirming children's safe arrival at home were in place. Discussions took place with children about how to keep themselves safe in the community, for example, setting clear expectations about walking safely and the route they planned to walk. This helped children to develop their skills around safety and independence.

**This area for improvement has been met.**

## Previous area for improvement 5

To ensure children are safe and the service is effectively managed, leaders should submit required notifications to the Care Inspectorate in line with guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 9 August 2024.**

#### Action taken since then

Required notifications had been submitted to the Care Inspectorate in line with guidance which supported children's safety.

**This area for improvement has been met.**

#### Previous area for improvement 6

To ensure children are effectively supported by staff who have the right skills and knowledge to provide high quality care, play and learning experiences, the management team should at a minimum:

- a) review the skills mix of staff across the setting, taking into account shift patterns
- b) review and make appropriate changes to staff deployment to improve experiences for children.

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).

**This area for improvement was made on 9 August 2024.**

#### Action taken since then

Children were supported by staff who were skilled and effectively deployed. A good skill mix across the staff team meant children experienced care, play and learning which was responsive, fun and meaningful.

**This area for improvement has been met.**

## 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?	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?	4 - Good
4.3 Staff deployment	4 - Good

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