

Islesburgh Out of School Care Service Day Care of Children

Islesburgh Community Centre
King Harald Street
Lerwick
Shetland
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Telephone: 01595 745 115

Type of inspection:
Unannounced

Completed on:
29 April 2025

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2006128813

About the service

Islesburgh Out of School Care Service is situated in the Islesburgh Community Centre, in a residential area of the town of Lerwick.

The service is registered to provide care to a maximum of 42 children aged four and a half years to 14 years at any one time. When using the Radio Room and Drama Room together the maximum number will be 38. There were up to 23 children present during the inspection.

The service is provided in a dedicated room and shared hall, with use of other rooms within the Community Centre. Children can also access the enclosed garden for outdoor activities.

About the inspection

This was an unannounced inspection which took place on 28 and 29 April 2025 between the times of 14:00 and 19:00. 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 and complaint 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 and three of their parents/carers
- received six completed questionnaires from parents and staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted from caring interactions with staff which supported their confidence and wellbeing.
- Further improvements had been made to the play environment since the previous inspection, staff should continue with planned developments to further support child centred play spaces.
- Quality assurance practices had been developed since last inspection. Children were benefitting through the identification of where change would lead to improved experiences.
- Significant challenges in relation to staffing were ongoing and the service relied heavily on the use of relief staff. This was managed well, and staff worked well together to support children.

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's wellbeing was supported as staff had formed positive relationships with them. Interactions were kind and caring and regular staff knew the children and their preferences and interests well. Parents told us that they felt there was a connection with staff and commented that their children "love the staff who know them well".

Interactions supported children's dignity and privacy by promoting their choice and giving time for independence. If children needed comfort or reassurance this was given discreetly promoting the child's confidence.

Children received snack on their arrival at the club. This had been prepared by staff but we were told of other opportunities for children to be involved in the planning and preparation of food. For example, making suggestions for the menu and preparing food when time allowed. Snack time was sociable and relaxed for children, providing time for them to form relationships with peers and staff. Children's health was supported as healthy choices were encouraged and staff were aware of any individual dietary restrictions.

Children's wellbeing was supported through the provision of quieter areas should they want them. This provided space for children who wanted to participate in individual or small group activities or simply rest and relax.

The information recorded in children's personal plans had improved since the last inspection. There were now individual plans for each child which identified their needs. These were being reviewed with parents every six months. This meant that information was up to date and relevant for children. The information on children's interests and preferences was not yet part of the reviews. We discussed ways for this to be included and the manager shared plans and ideas.

Children's health was promoted as medication was now stored appropriately. Information was available for children with medication in the service. We discussed ways to record similar information should children bring medication which they self-administered. A format was in place for this.

Children's wellbeing and safety was promoted as staff showed a good understanding of their role in safeguarding children. Significant events in children's lives were being recorded to assist staff in identifying where further support may be needed. We advised that the manager should ensure that any entries are evaluated and any follow up is recorded.

Quality Indicator 1.3 - Play and learning

Children were having fun during their time at the club and accessed a variety of activities. One parent commented, "The planned activities are varied and exciting and offers new and exciting skills also their outdoor activities are brilliant".

Children were able to choose where and how to play. For example, accessing the garden, large hall or more homely small hall. They were able to choose resources and if these were not out already staff supported access to them. We suggested that the storage of the resources could be improved to allow children to better see what was available.

There was planning for certain activities in response to children's suggestions. For example, trips to local parks and beaches. Work had recently been done to improve the activities that were consistently available to children. This included the use of open-ended resources which could be used in a variety of ways. Plans to further develop this type of provision should be implemented. This will mean a further increase in opportunities for children to follow their interests and curiosities.

There were opportunities for children to develop their skills in numeracy, literacy and language. These included access to a range of books, discussions with staff, comparison, measurement and writing/drawing opportunities. We discussed ways that resources could be available to ensure that these opportunities were broadened. For example, having measuring and writing tools in different areas throughout the service.

Children were well supported in their play as staff were responsive to their interests. Staff interactions supported children to explore interests such as identifying bugs and making posters and leaflets. We discussed ways that children's achievements could be recorded and shared. This will allow celebration and recognition of children's progress and support their confidence and self-esteem. A system of identifying and recording children's learning goals and strategies to achieve them was in the process of being established. Implementation of this would further support the celebration of achievements.

There were strong links between the service and the local community. This included visits to the service by agencies such as Childsmile and University of Highlands and Islands. There were also visits to local amenities such as the library and swimming pool when time allowed. These activities supported children to feel confident and included in their local communities.

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 enjoyed the sole use of the small hall. Snack was served here and there was a small kitchen like area. This had been redecorated since the last inspection and was therefore more inviting. A homely feel was being promoted with the layout intended to reflect a home environment. An area with comfy sofas, cushions and a rug with access to a range of books was well used. Some children chose to relax there and others to access books to follow their interest. Children's artwork was displayed here and in the large hall, this supported children's sense of ownership.

The large hall had partitioned areas with a larger area for active play and smaller ones for quieter activities. Work had been carried out to use bean bags, cushions and rugs to provide more comfortable areas. This had improved the children's comfort and access to a range of spaces. However, it was in the early stages and was still being developed to fully reflect children's choices and interests. The manager and staff should ensure that these changes are evaluated to assess their success.

Children could choose to play in either hall or in the garden. This area was fully enclosed supporting children's safety while providing space for more energetic play. During our visit the garden was well used for water play. Waterproofs were supplied to promote children's access to this play and the outdoors when weather was wet. This increased use of the outdoor area, promoting children's health and wellbeing, and should be continued.

Staff worked well together to identify and remove risks. They used risk assessments to help identify potential hazards and actions to reduce these. Staff accompanied children to the toilet, which was also accessed by members of the public. Staff waited outside to promote privacy and dignity for children, whilst keeping them safe. Where children with additional needs required individual risk assessments, these were in place and familiar to staff. These measures helped ensure children's safety at all times.

Children's wellbeing was promoted through infection prevention and control practices. Surfaces were cleaned before and after food was served. Children were encouraged to wash their hands on arrival at the setting, and before eating. Staff supervised to ensure children washed their hands properly, reducing the risk of cross contamination.

Children's personal information was securely stored. All records were kept in a locked filing cabinet and the office was secured when not in use. This helped support families' right to confidentiality.

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

There was a vision, values and aims statement in place which had recently been reviewed with parents, children and staff. This promoted a shared awareness of what was important for the service to meet the needs of children and families.

Parents who provided feedback felt they, and their child, were involved in developing the service. One told us they liked the opportunities for children to make suggestions for activities and another that they were sent surveys and given chance to comment. The service was capturing children's voice in the assessment of individual activities and should now broaden this to inform the assessment of overall provision. Staff were involved in evaluating and implementing change, supporting them to feel confident to make suggestions.

Quality assurance was taking place. The manager was developing a calendar to ensure that this was realistic and achievable. A few audits had already been implemented such as a review of personal plans. This had supported change to be made. There was some observation of practice, to assess the impact on children's experiences. The manager should continue to develop how it is carried out and recorded in order to support improvement.

An improvement plan had been developed and was regularly discussed with staff, supporting their involvement. The plan included intended outcomes, actions and timescales all of which should promote progression for the provision and support positive experiences for children. Some evaluation of changes was being carried out but this was not consistent. Where there had been evaluations not all the actions identified were carried into the plan. The manager and staff should consistently evaluate changes to ensure

that they are having a positive impact for children.

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 cared for by a staff team who understood their roles and supported each other. The service was undergoing significant challenges in relation to staffing and relied heavily on the use of relief staff. This was managed well, with actions from the manager and staff to support relief staff being particularly effective. Relief staff spoke positively on how they were welcomed into the team and supported to get to know children and their needs. This helped promote continuity of care for children.

We discussed the potential for frequent staff changes to negatively affect children's outcomes and we were given assurances that the local authority were considering ways of employing a more stable staff team.

Children benefitted as staff were enthusiastic about their role. Some of the staff were undertaking qualifications related to their role and others were attending training such as child protection. They all spoke positively of their learning and its impact on how they supported the children.

Children's wellbeing was promoted as they were well supported during transition times. Collection of children from school was carried out safely and children were accompanied by staff either by bus or on foot. Procedures were in place to ensure staff knew who they were collecting and what to do if children did not arrive as expected. Parents were welcomed into the setting at collection time which supported a sharing of information about the children's experiences.

Staff were deployed well throughout the setting, promoting children's safety and wellbeing. Recent changes to the layout of the rooms were intended to support access to the outdoors. Staff managed this well, communicating with each other to ensure children were adequately supervised. Each member of staff was allocated an area of responsibility. They communicated well when they were moving to different areas to ensure children received the necessary support and consistent supervision.

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 support children's care, welfare and development, the provider should ensure that personal plans fully support staff to meet children's needs. This should include, but not be limited to information about

children's current needs and preferences and how these will be met. This information should be reviewed with parents every six months at a minimum.

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).

This area for improvement was made on 1 November 2024.

Action taken since then

Information contained in children's plans had been updated and better reflected children's needs and how staff were meeting them. A system to support reviews at least every six months had been implemented, ensuring information was regularly reviewed with parents as required by legislation.

This area for improvement has been met.

Previous area for improvement 2

To support children's safety and wellbeing, the provider should ensure that all medication is stored and recorded appropriately. This should include, but not be limited to the manager and staff being fully aware of current guidance supporting the administration, storage and recording of medication, and putting this into practice.

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).

This area for improvement was made on 1 November 2024.

Action taken since then

Medication was stored in line with current guidance. The manager and staff had accessed the guidance and evaluated the changes in process and practice against that.

This area for improvement has been met.

Previous area for improvement 3

To support ongoing improvement and positive outcomes for children the provider should ensure that robust and effective quality assurance processes are in place. This should include but is not limited to:

- a) regular monitoring of practice and the impact on outcomes for children
- b) regular self-evaluation against supporting guidance, including all staff.

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 area for improvement was made on 1 November 2024.

Action taken since then

Monitoring of practice and the impact of this on outcomes for children had taken place. The manager should continue to develop this and fully implement a robust system which includes record keeping.

The staff and manager had been using guidance as part of their reflection on the care they provided and this was influencing the self-evaluation of the service. They should continue to develop this until it is fully supporting them to consistently identify areas to be developed and assess the impact of changes.

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.

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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