

St John's Out of School Club Day Care of Children

St. Johns Primary School
Heath Road
Rosyth
Dunfermline
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Telephone: 07515 189 481

Type of inspection:
Unannounced

Completed on:
27 May 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006998

About the service

St John's Out of School Club operates from St John's primary school in Rosyth, Fife. They are registered to provide a daycare of children service to a maximum of 16 children who are primary school age to 14 years. The service is close to green spaces, local amenities and can be reached by transport links. Children have access to a playroom, kitchen, gym hall, toilet facilities and outdoor grounds.

About the inspection

This was an unannounced inspection which took place on Monday 26 and Tuesday 27 May 2025. Feedback was given following the inspection. 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 with children using the service and three families. We received five responses from families via an electronic link
- spoke with staff and management
- observed practice and daily life
- 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

- Staff were attuned to children's individual needs as positive relationships had been formed.
- Children took on leadership roles that promoted confidence.
- Children were having fun, engaged in their chosen play.
- Staff spent time with children supporting their learning.
- Mealtimes were more relaxed, ensuring children had ownership of this routine that meant they could choose when to eat or continue their play.
- The service should ensure there is a consistent approach to recording details of medication, including when information has been shared with families.
- The service should review their management of how they ensure children's safety and privacy when visitors are accessing the cloakroom.

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, kind and nurturing interactions from staff who knew their individual needs and wishes. Children said "staff are funny and help look after me," "it's fun" and "staff are good at playing games with us." Staff were aware of what was important to children and supported with strategies that meant they enjoyed their time in the club. Families told us staff knew their child's preference's and this supported wellbeing. They agreed they had good relationships with the team. As a result, children's needs were being met.

Mealtimes offered children opportunities to be involved in the routine. They supported with menu planning, preparing food choices and setting the area to enjoy snacks with peers. Children learned about using safety equipment, infection control and healthy food choices. This routine had been developed since the last visit and children now had more choice in when to eat. This created a relaxed and sociable experience and gave children more ownership of this routine. The service had plans in place to develop mealtimes, offering children smaller tables in the space so play would not be disrupted.

Children had spaces to rest and relax. Although the play room was small, children used areas in the corridor and hall. They made cosy spaces with screens, cushions and blankets. They told us they liked to make these spaces so they could read and relax. This meant their emotional wellbeing was supported and they felt a sense of security.

Children's wellbeing was supported through personal plans and care plans when required. Most families told us they had been involved in reviewing plans regularly. Children completed their all about me books with what was important to them and they decided their next steps. Including these in planning would ensure children were fully supported to reach their potential at a pace that is right for them.

Medication was managed and reviewed with families in line with the service policy. Children received medication to meet their healthcare needs when required. The recording of information and sharing with families when medication had been administered was inconsistent. The service should ensure there is a consistent approach to recording and sharing information to minimise potential risks to healthcare needs (see area for improvement 1).

Positive working partnerships had been formed with families. They were welcomed into the setting and staff took time to talk with them. Families told us communication was good and they were aware of what was happening in the service. Communication was supported with a termly newsletter and staff used a group message system to share information. A website was being created to share club news and important information that would be accessible. As a result, families felt informed.

Quality indicator 1.3: Play and learning

Children made choices about what they wanted to do in the club and planning for activities were led from their suggestions. They were able to select resources from the large cupboard in the room and use these in other areas across the service. Many children enjoyed playing board games, creating pictures, reading books and building dens in the gym hall. This meant they had choice in their play and were engaged in the experiences.

Staff supported children's interests. At the time of our visit, one child was interested in playing chess and staff played this game with them. They supported them to research the rules online, giving the time that it needed to learn the game. Children told us they enjoyed being in the club and wouldn't change anything about it. Families told us they were happy with the experiences offered. This meant children were involved in a range of fun activities.

Outdoor play was part of every session. Children had access to a shed on the grounds of the school field that contained loose parts, gym equipment, parachute for games and kitchen resources. Families commented "they have a great range of outdoor toys and activities and access to a fantastic school field" Children had fun playing games with peers and engaging in role play. Resources sustained their interests as they were able to lead their ideas.

Children experienced warm, reassuring and fun interactions from the team. It was clear positive relationships had been formed and staff spent time with children playing their game or supporting them to create their ideas. Some children enjoyed being close to staff, cuddling and being reassured after a long day. This fostered a feeling of safety and security.

Children were offered the option to share news and their achievements each day and they led this routine as part of their leadership roles. This promoted confidence and self-esteem and some children enjoyed this as part of the session. Others wanted to play when they came in. We suggested the service look at ways to support this so children had more choice in what they wanted to take part in. To ensure children's achievements are celebrated the service could promote this as part of their safe, healthy, achieving, nurtured, active, respected, responsible, included (SHANARRI) wall.

Areas for improvement

1. To promote children's health, safety and wellbeing, the service should have a consistent approach to recording and sharing information with families when medication has been administered. This should include being checked during quality assurance processes.

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)

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 had access to a small designated room, large gym hall, toilet and cloakroom facilities and a large enclosed outdoor area. They used the school playground for scooters that children really enjoyed. They created a mind map of the potential risks of using the scooters and spoke confidently about how they could keep themselves safe.

Spaces offered children opportunities to engage in play, be creative with loose parts and take part in games that promoted their physical development. Children were able to access a wide selection of resources from the cupboard in the room. They enjoyed den building, working together solving problems when creating their dens, this offered them space to relax with peers.

The setting was warm, clean and benefitted from some natural light. Staff used the updated monitoring sheets to check spaces were safe. We found that these systems were being used more effectively, supporting staff to identify potential risks and record actions they had taken. Families agreed that children were cared for in a safe, secure and well maintained environment.

The service had recently introduced a pictorial risk assessment that offered children the opportunity to be involved in assessing the outdoor area for potential risks. This was at the early stages of being used daily. Children enjoyed taking on this leadership role and were confident at identifying any potential risks in spaces. We encourage the service to ensure this is part of their everyday routine as it will support children in recognising and managing risks in their environment.

Children's toilet facilities were next to the cloakroom. This area was accessed by families at the end of the day when collecting belongings. To ensure children's safety and privacy, the service should take steps to ensure children's dignity is not compromised (see area for improvement 1.)

Children were involved in creating posters to promote awareness of hand hygiene and they were able to talk about why this was important. Staff promoted hand washing at key times throughout the session, they used personal protective equipment when preparing and serving foods and cleaned areas before children ate. We recognised this had improved. As a result, children's health and wellbeing was promoted.

Areas for improvement

1. To ensure children's safety and privacy, the service should take steps to minimise any potential risks of people accessing areas of the facilities when children are using toilets or cloakrooms.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My environment is secure and safe' (HSCS 5.19).

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 improvements are led well

The service promoted their vision to offer high quality care where children can participate in a range of activities.

Children had created their vision for their club through their club rules and spoke confidently about wanting to create a fun, happy place where children are respectful and kind. This meant they had ownership of their club and their voice had been valued in creating a happy service to play and learn.

Families had been consulted as part of a service wide questionnaire. Staff were using this feedback to create their improvement plan for the next year. Families agreed they had been involved in meaningful ways to develop the service. Children told us they had been asked about resources they would like in their club. We encouraged staff to evidence this in their floor book to allow children to re-visit their ideas and promote consultation with children.

Children had leadership roles. There was a snack manager and helpers. They had selected a club prime minister who communicated children's thoughts and ideas to the staff. They took great pride in this role and children spoke confidently about how the 'prime minister' had been selected. As a result, children developed confidence and self-esteem.

Quality assurance systems were supporting continued improvements through the use of the quality framework for self-evaluation. This was being carried out more regularly and was supporting the team to identify what was going well and what areas needed to be further developed. As a result, positive changes were beginning to promote quality across the service.

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

St John's out of school club is run with two staff and a peripatetic manager. Children and families had developed positive relationships with the team and they had confidence in them to meet children's needs. Staff valued each other's experience and they worked well together, creating a positive environment. The manager visited regularly and children knew who they were. They spent time engaged with children and offered support to the team.

The service was appropriately staffed. Staff deployed themselves to ensure children were able to access areas within the club and outdoors. As a result, children's care was supported and their needs met.

Staff knew children's individual needs and wishes. They recognised when children needed space and supported this, offering resources to make dens and quiet areas. As a result, children felt safe and secure as their emotional wellbeing was being supported.

Arrangements for absence were generally well planned with familiar staff supporting when needed. Many children knew temporary staff from attending the holiday club and covering in the service. As a result, disruptions to daily routines were minimised.

To support communication across areas and minimise disruptions to play, the team used walkie talkies. This meant children were able to use areas such as outdoors for periods without play being stopped when staff needed support from each other.

Team meetings ensured staff had regular opportunities to meet as a team and with the wider cluster.

This supported training, discussions and planning experiences for children. The service had a mentoring induction procedure in place. At the time of the visit, no new staff were in post. We spoke with staff who shared they felt supported by the manager.

Families told us they were happy with the care and support children received. Comments included my child is "happy, feels safe and comfortable with the team", "the service provide a stimulating and safe environment to welcoming children," "Its great for my daughter to have a range of friends from different years, having after school club has expanded her social group a lot," and "Mixing with kids of all ages has helped my child grow in confidence." As a result, children and families had trust in the team to deliver the service to meet their needs.

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 have choice and their rights respected, the service should further develop their mealtime routine. This should include, but not limited to; children having more ownership of when they would like to eat, being able to continue their play and enjoy eating in smaller groups with peers.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 23 May 2024.

Action taken since then

Children had choice when to eat and play, giving them more ownership of the routine. We recognised improvements had been made that supported a more relaxed and positive experience. This routine will continue to develop with the addition of smaller tables. We were confident progress was having a positive impact on children's experiences. This area for improvement has been met.

Previous area for improvement 2

To promote children's safety and wellbeing the service should review their daily procedures with staff for identifying and managing potential risks. These should be effective, meaningful and understood for the daily operation of the service. This should include, but not limited to, evidencing the clear actions staff have taken when risks have been identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment' (HSCS:5.24).

This area for improvement was made on 23 May 2024.

Action taken since then

The service had new procedures in place for the daily and weekly monitoring of areas and the environment. The use of these was more effective at identifying potential risks and evidencing actions staff had taken. Progress had been made and this area for improvement had been met.

Previous area for improvement 3

To ensure children's health and wellbeing is supported as part of their daily routine, the service should ensure hand hygiene is effective and embedded at key times throughout the session. This should include but not limited to reviewing infection, prevention and control guidance with staff and children where possible and ensuring children and staff wash their hands after being outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards which: '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 23 May 2024.

Action taken since then

Staff supported children to learn about effective hand hygiene routines and promoted them to become embedded at key times. Children were involved in designing posters and spoke confidently about the importance hand washing had for their health and wellbeing. Children and staff used protection personal equipment when required in line with guidance. Progress had been made and this area for improvement was 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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