

Fast @ Duntocher Day Care of Children

Duntocher Village Hall
Duntocher
Clydebank
G81 6DF

Type of inspection:
Unannounced

Completed on:
21 May 2025

Service provided by:
Reid, Rhonda

Service provider number:
SP2006008353

Service no:
CS2015335100

About the service

Fast @ Duntocher is provided by Rhonda Reid and is located in Duntocher village hall, Clydebank in West Dunbartonshire Council.

The service is registered to provide care to a maximum of 60 children of school age. The service has sole use of the village hall during operational hours. The village hall has one large room where all activities take place and there are suitable toilet and kitchen facilities. From the main room, there are doors that can be opened, providing children with direct access to a large public space which has a swing park and football pitch.

At the time of this inspection, the service was operating all year round. During school term, it offers afterschool from 15:00 to 18:00 hours. During school holidays, they offer care from 08:00 to 18:00 hours; this is depending on demand.

On the afternoons of the inspections, between 35-40 children were present each day. The service collected children from six schools in the area; some children walk and others were transported by minibus or car.

About the inspection

This was an unannounced inspection which took place on 20 and 21 May 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 with a small number of children using the service
- spoke with staff and management present on the days we visited the service
- observed staff practice and children's experiences on the days of our visits
- 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

- Children were happy, content and familiar with the daily routine.
- The village hall was clean and well maintained, and the service made good use of the indoor and outdoor public spaces.
- Most staff were new to the service and were at the early stages of building bonds and getting to know the children.
- Staff deployment needed to improve to ensure staff positioned themselves well to ensure the safety of the children in their care.
- Leaders within the service would benefit from some focused development time to ensure they are kept informed of good practice guidance and current thinking within the sector.

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?	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?

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 were happy and settled within the setting, they were confident playing with friends and we could see staff interactions were kind and caring. The children from the six different schools all knew each other and mixed well, creating a very sociable and friendly atmosphere.

Due to changes in the staff, children were at the early stages of getting to know the new staff. However, there were a few familiar staff present to support continuity of care for the children. Although most staff were new, observations showed children were happy to chat with the staff throughout the session. We could see positive bonds were being formed and staff were building relationships with the children. The children were comfortable approaching staff to ask questions and to play alongside them.

Staff listened to and responded to children's needs and wishes. Children were heard to inform staff, for example, when they wanted to go to the toilet or get something from the cloakroom and staff responded giving consent. Staff were aware of children that they needed to supervise more closely when leaving the main hall and they did this discreetly to ensure their needs were being met.

Children had a daily snack when they arrived from school. They were able to make decisions when they wanted snack or drinks, as snack was a buffet, open for around one hour. Once they decided they wanted snack, they washed their hands and selected what they wanted from the table. Most were able to make their own snack, such as a cheese or ham wrap. Children had access to a water station throughout the session and we saw children freely access the water station inside and outside. Snack was a busy time but children all seemed to be happy with the arrangement and enjoyed chatting with friends around the tables. It was a very sociable and unhurried snack.

The service gathered information about children's needs and interests. The information they were required to hold was recorded in the children's enrolment and all about me forms. The service had identified that these records required to be improved to ensure they helped staff plan how best to support children's needs. The service can find more information about personal plans on the Care Inspectorate Hub. The service should, as planned, ensure each child has a personal plan in place that identifies what is important to them and a plan of how the service will achieve this.

Quality indicator 1.3: Play and learning.

The room provided a good space for children to access a variety of play experiences and we saw that the service had a good range of materials. Each day the room was set up with some play experiences for children on arrival; however, these would be changed if children requested. We discussed to further aid children's choice the service could consider providing children easier access to materials; for example, through the use of a pictorial catalogue or self-selection from storage cupboard.

The main play types on offer each day included art, physical and imaginary. The children told us that they really enjoyed drawing and colouring in, a favourite being the superhero character colouring in books. Others shared they liked getting outdoor to play games.

Children were all engaged in play during the inspection and we saw children have fun playing with friends inside and outside. It was extremely warm weather at the time of the inspection and, as a result, after snack, the majority of children chose to play outside. We discussed that staff should be better organised when taking children outside, as it took longer than needed to get children prepared to go out.

For children choosing to play inside, the table areas had been set up with drawing, playdough and painting, and on the floor, there were mats with a variety of small world toys including cars and superhero characters. Staff shared that they listen to and responded to children's interests when setting up areas. We discussed that if all children were inside, they would need to consider the layout and materials on offer, to reduce the noise level. There were limited soft furnishings or chill out areas for children, the staff should consult with children to ensure there is a good balance of types of play offered.

On Thursday's, a sport class was offered to children to encourage physical games. The children told us they liked this class. The service could consider how they could extend children's interests in sport further.

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.

The village hall was found to be clean, tidy and well maintained. The front entrance was secured through the use of a buzzer entry system, with video, to ensure staff only permitted those known to them.

The children had easy access to suitable toilet and cloakroom facilities. However, the storage of bags and jackets could be improved, as most were just left on the floor and not on pegs. Children accessed the toilets unsupervised. As the toilets were off the entrance hall, not the playroom, we asked management to review the current risk assessment to further enhance safety measures. This is to reduce the likelihood of a child leaving the premises without their knowledge. For example, to install an alert alarm on the exit door, which would alert staff if someone opened the door.

The room was spacious and provided space for different types of play. Children moved freely around the play experiences on offer inside and staff were nearby to offer support, if needed. However, as the service facilities did not have a designated outdoor space, children were not able to move as freely between inside and outdoor play. Staff did offer to take children outdoors most days. However, this required additional staff, as they used a very large, open public space on the same grounds as the village hall. We discussed the need for staff to be more vigilant outdoors, as during our observations, we found at times they had not been positioned well to oversee the whole outdoor space. Staff addressed this concern on day two of the inspection and agreed to ensure when outside they would position themselves appropriately.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact, key areas needed to be improved.

Quality indicator 3.1: Quality assurance and improvement are led well.

The service were at the early stages of self-evaluation and planning for improvement. A new manager had recently been employed and was being supported by the provider during their induction. In addition, there had been significant changes in the staff. As a result of these changes, the staff were at the stages of finding out about the service strengths and areas for improvement.

The service had established systems in place to gather feedback from children and families. The evaluation forms asked for feedback on relationships with staff, happiness of the children and communications. The feedback had been positive and no one suggested any areas for improvement. However, children had asked for some different materials, such as rocking chairs, and time to practice writing.

The service had some knowledge of the Care Inspectorate quality framework to assist services self-evaluate their own performance. We discussed the benefit of using the framework and how it could help them assess and further enhance the quality of the service children received. More information to support services with self-evaluation can be found on the Care Inspectorate website. The use of a more formal self-evaluation tool may result in the service implementing a more meaningful improvement plan, to drive forward positive changes and improve the outcomes of children.

The staff had worked hard to create a positive environment. Children's voices were being heard and being used to influence some parts of the service they received. Staff told us they had plans to introduce more opportunities for children to share their views. As staff build relationships and continue to gain more confidence in consultation with children, the children's voices should continue to grow and influence the type of service they received.

We identified where more robust quality assurance methods had improved since the last inspection; however, the service agreed some work was still needed. This included improvements in self-evaluation, planning for improvements, and the children's personal plans. The area for improvement made at the last inspection around the storage of medication had been met. However, we identified that administration of medication forms completed, must contain the name of the medication to be given (see area for improvement 1). More information on medication and records services must keep can be found on the Care Inspectorate hub.

Areas for improvement

1. To ensure the health and wellbeing of children, the provider should ensure the service management of medication policy and procedure follows good practice guidance. To achieve these improvements, the name of medication to be administered and accurate information for staff to follow the prescribed instructions needs to be recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, as a child:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact, key areas needed to be improved.

Quality indicator 4.3: Staff deployment.

The service had appropriate staff levels to meet the needs of the children and service. However, most staff were newly employed and at the early stages of getting to know the children and understanding their roles. As previously mentioned in the report, staff had successfully created a caring and fun atmosphere for children and were working towards building positive bonds with the children and each other.

The staff team regularly discussed children's experiences and agreed daily tasks, including school collections. We observed that staff took responsibility for their assigned roles and were working hard to learn the daily routine. We observed that at times, staff could have been more aware of their colleagues needs, for example, by going to help the staff getting children ready to go outdoors, to reduce the waiting time. We recognised that staff were new and were still going through their inductions. However, as most staff were new to school age childcare, a more focused induction and training plan is needed to support staff until they learn and fully understand the role.

Some staff had childcare qualifications and others had agreed to start. Staff recognised the need to work together and demonstrated a willingness to learn and improve their practice. Staff told us they were happy in their roles and felt supported by each other. To further enhance staff skills and knowledge, the service needs to put in place a plan to ensure all staff are fully aware of policies and procedures and keep up to date with good practice guidance to keep children safe.

As a result of our findings at this inspection, we have made an area for improvement for the provider to further support staff training and development needs during their inductions into their new roles (see area for improvement 1).

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure all staff have a meaningful induction to gain sufficient skills and knowledge for the work they are to perform in the service. This must include, but is not limited to, a full assessment of their training needs and a plan to address these.

This is to ensure that care and support is consistent with 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).

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

All staff members skills, practice and professional training and development should be assessed and supported. This should support the services continuous improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states as a child, if I have a carer, their needs are assessed and support provided and I experience high quality care and support because people have the necessary information and resources and 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 4.26, 4.27 & 3.14).

This area for improvement was made on 3 June 2016.

Action taken since then

At this inspection, we found that there had been changes within the staff team and most staff were newly employed. Due to these changes, we were unable to access information to fully assess if this area for improvement had been addressed.

We know the provider has an appraisal system in place to use when required. The provider has other services in which the procedure has been assessed and had led to staff attending training and gaining qualifications.

However, this area for improvement is no longer in place and has been incorporated into a new area for improvement to support the newly appointed staff training and development during their induction under the key question 'How good is our staff team?'.

Previous area for improvement 2

When children are being provided food and drinks by a service, they should be able to select from healthy and nutritious food and drinks. This should include fresh fruit and vegetables. Children should also be supported to learn life skills such as preparing and service their own food and drink.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states as a child, I can choose suitable presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning and if appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible (HSCS 1.33 & 1.38).

This area for improvement was made on 1 May 2019.

Action taken since then

Since the last inspection, the service had made changes to the snack time. Children were now more involved and were able to self-select from a range of healthier foods and they had access to drinking water at all times.

As a result, this area for improvement was met.

Previous area for improvement 3

All medications stored in the premises should be checked regularly to ensure they are in date and fit to be used. Any medication that has expired or is no longer needed should be returned and disposed of following good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which states as a child I experience high quality care and support based on relevant, guidance and best practice and any treatment or intervention that I experience is safe and effective (HSCS 4.11 & 1.24).

This area for improvement was made on 1 May 2019.

Action taken since then

The service had a system in place to monitor the storage of medication in the setting, to ensure it was well maintained and in date.

As a result, 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?	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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