

# North Kessock Out of School Club Day Care of Children

North Kessock Primary School  
Ferry Brae  
North Kessock  
Inverness  
IV1 3WX

Telephone: 07765 255 945

**Type of inspection:**  
Unannounced

**Completed on:**  
26 June 2025

**Service provided by:**  
CALA Out of School Care

**Service provider number:**  
SP2010011111

**Service no:**  
CS2010278932

## About the service

North Kessock Out of School Club is situated in the village of North Kessock on the Black Isle, close to Inverness in Highland. The service provides an after school club and operates from a shared space within North Kessock Primary School. The premises includes the use of a classroom, gym hall, as well as toilet and kitchen facilities which are all shared with the primary school. Children also have outdoor access to the primary school playground area.

North Kessock Out of School Club is registered to provide a daycare of children's service to a maximum of 26 primary school aged children between the hours of 14:45 and 18:00 during term time. The service is provided by the Care and Learning Alliance. The manager is also the manager of: Culbokie Out of School Club CS2010278889 and Drakies Out of School Club CS2008174397.

## About the inspection

This was an unannounced inspection which took place on 24 June 2025 between 14:30 and 18:15. Feedback was provided virtually to the manager and provider on 26 June 2025 between 11:45 and 12:45. 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;
- spoke with two staff and the manager;
- reviewed online questionnaire feedback from three families;
- observed practice and children's experiences; and
- 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; and
- 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 kind, nurturing and committed to providing a positive experience for all children.
- Children were able to follow their own interests and had choice and independence within the play activities available.
- Children benefitted from a range of physical play experiences which supported them to be active and healthy.
- Improvements to infection, prevention and control practices and collection procedures helped to support children's safety.
- Further action is still needed to ensure quality assurance processes are consistently and effectively implemented.

## 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?              | 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 were happy and settled in the club. They were comfortable and relaxed in the setting as they had built positive relationships with staff and their friends. Staff knew children well and talked about how they supported their interests. This ensured children felt loved, valued and included. Children benefitted from a staff team who respected them as individuals. Staff provided clear and consistent expectations for children. This had a positive impact as children were respectful, confident and having fun with each other and with staff.

Personal plans were in place for all children which included important information about their health and care needs. Personal plans were reviewed at regular times with families which promoted consistency and continuity in care. This supported staff to meet children's individual needs.

Children had opportunities to plan and prepare snack which gave them a sense of responsibility and ownership of the experience. Snack choices were healthy, well balanced and nutritious. Children told us they enjoyed being involved in the preparation and that they really liked the snack choices. Snack was a sociable, unhurried and relaxed experience as children and staff sat together and chatted. Children had opportunities to be independent, for example, self-serving and pouring their own drinks. As a result, children had opportunities for responsibility and to develop skills for life.

Children's medical needs were understood by staff which helped to keep children safe. Medication was audited to ensure it was in date. However, documentation to support the safe administration of medication was not fully or accurately completed. For example, we found discrepancies between dispensing label dosage information and written dosage information. This had the potential for children's medical needs not being met. This issue had been identified at the previous inspection and had not yet been addressed. The manager agreed to take immediate action to rectify this issue (**see area for improvement 1 in 3.1**).

Overall, staff understood their roles and responsibilities to keep children safe and protected from harm. They had completed child protection training and could tell us how they would respond if they had any child protection concerns. This contributed to keeping children safe. We discussed with the manager, the benefits of reviewing child protection scenarios with staff at regular times to support staff knowledge and skills in this area.

### Quality indicator 1.3: Play and learning

Children enjoyed their time in the club as they explored the opportunities on offer with their friends and staff. Children benefitted from a variety of play opportunities. Staff took time to speak with them about their interests and what they wanted to experience. Children spoke with us about what they enjoyed at the club. Their comments included: "I like playing hide and seek and having picnics" and "We made cookies and got to take them home." As a result, children had opportunities to have fun and learn new skills.

Children followed their interests and had choice and independence within the play activities available. Some of these activities included crafting materials, art and drawing activities and construction materials which they used to create structures. At times, staff supported children with skilled interactions. For example, staff noticed children's interest in developing the imaginary café resources and supported them to create money, design menus and write and calculate bills. These opportunities engaged children and promoted their creativity and imagination.

Planning approaches had developed since the last inspection. They aimed to be more child led and responsive to children's interests which supported them to feel involved and empowered. Children were given ownership of their play and encouraged to be involved in planning. For example, the children had planned a programme of activities in the lead up to the Summer holidays which included den building, trips to the local park and water based games. This demonstrated to children that their voice and ideas were valued.

The service was beginning to consider how they could develop children's play experiences by making stronger links to the local community. The manager shared that this was an area they planned to develop further next session.

## 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 indoor play space was comfortable with plenty of natural light and ventilation. As this area was a shared space with the school breakfast club, staff set up the indoor classroom area each day and worked to ensure the environment was a welcoming space for children and their families. Consideration had been given to the layout of the play space, this included space for children to rest and relax, enjoy floor play with a variety of resources such as loose parts and provided spaces to be creative. As a result children had ample space for their needs.

Children could lead their play and learning as they could freely access a good variety of resources and equipment at their level. Shelves and clearly labelled boxes meant resources were organised to easily allow children to make choices in terms of what they wanted to play with. The supported children's independence in play.

Since the last inspection, the service had made some changes to the indoor space to take better account of children's interests. For example, a technology area had been developed and the cosy and role play areas had been reviewed and moved to new spaces to take better account of children's needs. As a result, children were happy and engaged in the experiences available.

Children accessed the gym hall within the school and had use of an outdoor area within the school grounds to support their physical activity. During the inspection children had opportunities to use gymnastics equipment as well as play ball games indoors. Outdoors children took part in den building activities, basketball, football and skipping games. These experiences supported children to be physically active, supporting their health and wellbeing.

Infection prevention and control measures had improved. We observed staff and children engage in good hand washing procedures. A deep clean of the environment had been undertaken and a daily cleaning schedule had been established. The manager and staff team were working more closely with the school to establish and maintain a shared understanding of expectations regarding cleanliness. This helped to reduce the potential spread of infection and protected children's health and wellbeing while at the service.

The systems in place for the monitoring and maintenance of the service had improved. Maintenance and cleaning issues highlighted at our previous inspection had been addressed, including the replacement of missing kitchen kickboards. This meant children benefited from access to a safe environment.

Staff were more confident in identifying and addressing risks to children in the service. For example, staff demonstrated a good understanding of how to keep children safe and accounted for at collection and transition times. Some risks in the gym hall had not been identified by staff. For example, there were chair trolleys lying under a basketball net where children were playing ball games which presented a collision or tripping hazard. As well as this, some children were using a balance beam over a set of stairs which did not provide a stable surface for its use. We spoke with staff about these issues at the time and they took prompt action to address them during the inspection.

## 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

The manager recognised the need to review the current service vision, values and aims to reflect the aspirations of their children, families, partners and the wider community. This review had started to be implemented to help the service identify, and understand more fully, what is important for children and their families as the service moves forward.

The manager and staff had created an environment where children and families were warmly welcomed in the service. This helped build positive connections and trusting relationships. Children's voices had been considered through the development of the revised vision, values and aims, new snack menus as well as within developments of play experiences, helping them be involved in the process. We also observed staff consulting with children throughout the session and responding to their ideas which helped them to feel valued and respected. The service were in the early stages of developing engagement with families to support improvement but highlighted that verbal discussions at pick up times provided opportunities for responsive feedback from families.

Some quality assurance systems were now being implemented into practice. These processes were in the early stages and needed more time to fully embed, be consistent and to improve outcomes. The manager and staff had prioritised areas for improvement from the last inspection which were now having a positive impact on children. For example, infection prevention and control practices and the collection procedures for children were more robust. This helped to ensure children experienced care in a safe and secure environment.

A quality assurance calendar had been developed for use in the following session so it was too early to assess the impact of this. Some aspects of quality assurance, such as the effective monitoring of medication documentation had not been taken forward since the last inspection. Actions, responsibilities

and timescales around addressing this issue in the service action plan were not clear. The overall action plan in place was basic and lacked specific detail which made it difficult to monitor and evaluate progress.

The requirement to improve quality assurance processes in the previous inspection report has now been met. However, some quality assurance processes were not yet robust across other areas of the service to ensure continuous improvement and support quality outcomes for children (**see area for improvement 1**).

Staff told us they felt supported by the manager and were confident to share ideas and make suggestions for improvements. A process for staff appraisals provided opportunities for staff to celebrate their successes, identify areas for improvement and training opportunities. However, we found that some aspects of these appraisals lacked reflection and did not always identify constructive feedback or appropriate next steps to support staff to improve their skills or experiences and outcomes for children. The manager recognised that further work was needed to ensure feedback and areas of development were tailored to meet the needs of individual staff.

### Areas for improvement

1. To improve outcomes for children, the provider should further develop and implement an effective system of quality assurance to monitor and improve practice. At a minimum, the provider should:

- a) Implementing clear and effective plans to develop and improve the service; and
- b) Ensuring effective systems are in place to monitor and improve the quality of children's experiences and the service as a whole.

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

The service valued the positive attachments that staff had developed with children and their families. Families valued the staff team and some of their comments included: "The staff are absolutely excellent.", "I just want to emphasise how great the staff are. They are always pleasant and great with the kids." And "XXXX is a fantastic member of the team. She is kind and nurturing towards the children and this is really important to us, as parents."

During our inspection, we found that effective staff deployment within the setting meant that children's individual needs were being met by the right number of staff throughout. The staff to child ratio allowed staff to be responsive to individual needs, which enhanced children's experiences.

Arrangements were in place to promote continuity in care across the day for children. Since the last inspection, a second permanent member of staff had been appointed to the service which helped to provide consistency in care for children.

Overall, staff communicated well with each other which helped to promote children's safety. For example, staff had improved their communication systems to ensure children were accounted for when transitioning into the service and when moving between the indoor and outdoor spaces. As part of the review of collection procedures, the use of walkie talkies was recommended to aid communication. However, we did not see this in use during the inspection. We discussed with the manager, the importance of developing staff confidence in using these tools, at times of the day when staff are in different areas or at collection times, to further enhance communication within the service.

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

### Requirements

#### Requirement 1

By 6 May 2025, the provider must ensure that children are kept safe by implementing effective systems to prevent children leaving the service unaccompanied. This should include, but is not limited to, ensuring robust procedures are in place for the collection of all children.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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

'My environment is safe and secure' (HSCS 5.17).

**This requirement was made on 7 March 2025.**



**Action taken on previous requirement**

Effective systems were in place to prevent children leaving the service unaccompanied. Since the last inspection, a full review of the collection procedures was undertaken by the provider. Changes were implemented to ensure clear systems were in place for the collection of children from school. Changes made included defining clearer expectations for staff in terms of their role in promoting safe collections procedures and developing a shared understanding between the school, families and the club in terms of collection procedures.

During the inspection, all children were accounted for at arrival times. One child did not arrive as expected and the service followed their protocol for this and established the safety of the child quickly. As part of the review of collection procedures, the service had identified that the use of walkie talkies should be used to maintain communication when staff were not in the same space. These were not used at collection time and we spoke to the service about how using walkie talkies could have enhanced the ability for staff to communicate with each other at this time. Overall, effective procedures were now in place for the collection of children.

Therefore this requirement has been met.

**Met - within timescales****Requirement 2**

By 5 June 2025, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance. To do this, the provider must, at a minimum, ensure:

- a) The manager effectively monitors the work of each member of staff and the service as a whole; and
- b) Clear and effective plans are in place for maintaining and improving the service.

This is to comply with Regulation 3 Principles of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 7 March 2025.**

**Action taken on previous requirement**

Some monitoring of practice within the service had started and had been mostly focused on ensuring children's safety and some of their experiences. The service have plans to extend monitoring further to ensure staff are supported to apply new skills and knowledge into practice and improve experiences further for children.

The service had created an action plan to address areas for required improvement within identified timescales highlighted from the last inspection. The manager and staff team had made some progress in addressing these improvements. They had prioritised actions to address infection prevention and control and collection arrangement issues. Some issues with the management of medication had yet to be effectively addressed.

The service had made sufficient progress towards meeting this requirement. However, further action is still needed to ensure quality assurance processes are consistently and effectively implemented to ensure high quality outcomes for children (**see area for improvement 1 in 3.1**).

This requirement has been met.

**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 keep children safe and healthy and to promote their wellbeing, the provider should ensure effective infection prevention and control practices are in place. This includes but is not limited to ensuring:

- a) All areas within the service are kept clean, including areas for food storage and preparation and floor spaces;
- b) Loose areas of kitchen unit kickboard are repaired; and
- c) All items for cleaning are stored effectively.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education.

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 7 March 2025.**

#### Action taken since then

The service was clean and well maintained which helped to promote children's safety. A daily cleaning schedule had been implemented for use in the kitchen area. Staff were using this effectively to ensure that areas for food storage and preparation were clean and hygienic. Areas of loose kitchen kickboard had been repaired which helped to ensure the effective cleaning of the floor area in the kitchen. Items for cleaning, such as a floor brush, a mop and bucket and a floor cleaning machine, were no longer stored in the kitchen area. Each of these measures helped to improve infection prevention and control practices and reduce the risk of the spread of infection.

**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?                        | 3 - Adequate |
| 3.1 Quality assurance and improvement are led well | 3 - Adequate |
| How good is our staff team?                        | 4 - Good     |
| 4.3 Staff deployment                               | 4 - Good     |

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