

Letham Out of School Club Day Care of Children

C/O Letham Primary School
Braehead Road
Letham
Forfar
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Telephone: 01307 818 202

Type of inspection:
Unannounced

Completed on:
28 August 2025

Service provided by:
Letham Out Of School Club

Service provider number:
SP2003000572

Service no:
CS2003002878

About the service

Letham Out of School Club provides a breakfast and after school club to a maximum of 45 children of primary school age at any one time, of whom no more than eight are aged from four years to an age to attend primary school.

The care service can operate during the following periods and times: 08:00 - 09:00 and 15:00 - 18:00 through term time and from 08:00 - 18:00 over holidays or Inservice days. The staff ratio will be a minimum of 1:8 if the children attend more than four hours per day, or 1:10 if the children attend for less than four hours per day or if children are eight years and over.

The service operates from Letham Primary School and has access to the school gym hall, small kitchen area, toilets and the playgrounds. A voluntary group of parents, who form the committee, runs Letham Out of School Club.

About the inspection

This was an unannounced inspection carried out by one inspector, which took place on Wednesday 27 August and Thursday 28 August 2025 between 14:45 and 18:15. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with children using the service
- received feedback from three 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

- Children experienced warm, caring and nurturing interactions from staff
- Staff welcomed children into the service and showed a genuine interest in their lives.
- Children had freedom to lead their own play and learning opportunities.
- Children were welcomed into a bright, well-ventilated space with ample room to explore and play.
- Child-sized furniture and cosy spaces provided comfort and areas for children to rest and relax.
- The service had a meaningful vision, values and aims in place that had been developed with children and families
- The service should focus on developing robust quality assurance process to support continuous improvement and management oversight throughout the service.
- Staff were kind, nurturing and had built trusting relationships with children and their families.

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 experienced warmth, caring and nurturing approaches and interactions from staff. Staff warmly welcomed children into the club, engaged in conversations and showed an interest in their day. One child told us, "It's great and I love going after school". This helped children to feel valued and respected.

Children's routines allowed them opportunities to develop their independence. Mealtimes was set up as a café style dining, where children chose when and what they wanted to eat, independently served themselves and washed their hands before they ate. One parent told us, "So tricky sometimes to have what each kid wants but my child is free to make their choice". As children arrived to club, they collected a hook, which they used to hang on a secure frame and place their belongings on it. This meant that children were developing life skills in a meaningful way.

Children benefitted from individual personal plans that were in place, which included 'All About Me' information. These forms gathered important information, such as emergency contacts, medical needs and children's likes and dislikes. Reviews took place in partnership with parents in line with current best practice. We discussed how this could be developed further to include children in the reviews of their 'All About Me' forms. This would further support staff to ensure they were meeting children's changing needs.

Children were kept safe and protected by a staff team who were trained in safeguarding procedures. This included annual child protection and first aid training. Staff were confident in identifying concerns, how to handle these concerns and who their child protection officer was. Medication forms were in place that supported the staff team to gather the appropriate information prior to administering medication. Additional forms were in place when medication was administered to children. We discussed ways these forms could be used to ensure step by step plans were highlighted in the event of an emergency. This would further support the staff to keep children safe when different medication is required at different times.

Quality indicator 1.3 Play and learning

Children had opportunities to lead their own play and learning while they attended the service. Some children helped staff to set up the hall and choose what to play with. Other children were aware they could ask for more resources that was stored within the storage cupboards. Children were seen to be playing together and laughter was heard while they played. One parent told us, "My children are happy and excited to go". One child shared with us, "I have fun and feel safe and get to play with toys I do not have at home and have company". This helped create a responsive play environment where children felt confident to explore.

Resources reflected what children were mostly interested in. For example, children were interested in playing with small world and dressing up role play. Staff added additional resources, such as a variety of dressing up clothing and mats as children developed their interests further. We discussed how resources could be developed further, for example to include some natural and loose parts indoors.

This would allow children more opportunities to develop their imagination skills and to ensure quality play experiences were continued to be provided to children.

Planning approaches were child centred and responsive to children's interests. Staff discussed children's interests regularly and planned how these could be taken further. Floorbooks were used to document what activities children had taken part in. The service had plans to develop these further to ensure children had regular opportunities to contribute to these. We would encourage the service to continue with their plans to fully embed the use of floorbooks and to develop the children's voice further.

Language, literacy and numeracy opportunities were available to children with different resources available to them. Children were seen to be playing with jigsaws, problem solving with puzzles and writing up notes for the club on a whiteboard. Staff had a good understanding of the different resources children were interested in and ensured they were available, for example more challenging board games or fidget toys. As a result, children's development was supported in a way that was right for them.

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 were warmly welcomed into a bright and well ventilated environment. There was ample space for children to explore and extend their play ideas. Children had dedicated spaces to keep their belongings and took ownership of these areas. As a result, children had a sense of belonging.

Children's comfort was considered while they attended the service. Resources available to use, such as child sized tables and chairs helped children to take part in activities comfortably. A large pop up tent with cushions and blankets was available for children to use as they wished. This meant that children could rest and relax in a calm space when they wanted to.

Children benefitted from play spaces that supported their developmental stages. For example, consideration to the outdoor resources such as different sizes of bikes and types of scooters provided choice for all children. As a result, children had opportunities to develop their skills at a pace that was right for them.

Children were kept safe while they attended the service. Risk assessments were used to assess potential risks within the environments. This included outings, walks, the outdoor play area and different resources. These were reviewed regularly or when changes occurred. Supervision of children was maintained, regular head counts took place throughout the session or before transitions, such as going outside. A parent told us, "I can relax at work knowing my child is safe and secure and cannot leave until I attend to collect them". Children were encouraged to take part in ensuring areas were safe. For example, closing gates before exploring the outside space. This helped children to develop an understanding on how to keep themselves and others safe.

Accidents and Incidents that occurred within the service were documented and shared with parents. Audits took place that supported staff to identify any trends, gaps or support children might require. We discussed with managements how these forms could be developed further to ensure information is not missed. For example, when head bumps or more serious accidents occurred, how and when were parents contacted. This would ensure appropriate information is shared with families and contribute to keeping children safe.

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

A meaningful vision, values and aims were in place. These had been reviewed with children and their families. Parent feedback from consultations were displayed within the hall. A parent told us, "My child is given the opportunity to get involved with shaping her time at the club". These consultations with families and children helped to establish a shared vision and create meaningful experiences for children.

Children and staff had daily leadership opportunities. For example, some staff took a lead role in monitoring updates and reviews of areas of practice and children could choose to have assistant roles for the day. Children took these roles seriously and supported each other with carrying out different tasks. As a result, children and staff were able to develop their leadership skills in a way that they were comfortable with.

A quality assurance calendar was in place to support the staff with the running of the service. This was broken down into monthly tasks, this could be developed further to ensure regular tasks were highlighted. Such as, ensuring auditing systems for medications were in place or when information from staff files were missing. An improvement plan was in the early stages of development. We discussed with the manager ways these could be developed further to ensure it was meaningful and manageable. This would further support the manager with management and oversight of the service. A robust system would help the staff team to embed a culture of continuous improvement in a meaningful way. An area for improvement had been identified within the last report and has not been met, this will be carried forward within this report (see area for improvement 1).

Policies and procedures were in place and had recently been reviewed. Some information was missing within some policies, such as when to notify the Care Inspectorate. We sign posted the manager to the 'Early learning and childcare services: Guidance on records you must keep and notifications you must make' by the Care Inspectorate to support them with reviewing policies. This would ensure all staff were supported by appropriate procedures in different situations should they need them.

Areas for improvement

1. To improve outcomes for children and ensure that there is a culture of continuous improvement, quality assurance processes and self-evaluation should be developed further. This would help to support monitoring and assessing the service in line with best practice and legislation.

This is to ensure care and support is consistent with the Health and Social Care Standards 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

Staff were kind and nurturing towards children in their care. They knew the children and their families well. New children to the service were well supported into transitioning into the club. When asked, parents shared that they strongly agreed that they had good relationships with the staff team. One parent told us, "Excellent team, very supportive and feel involved". Another parent shared, "the staff are great, they have their role and duties but that doesn't get in the way of being able to approach them". As a result, children and their families had built trusting relationships with the staff who cared for them.

Children's needs and wants were mostly met by a staff team who deployed themselves throughout the service appropriately. At times, children's choice was limited due to staffing, for example free flow access to the outside area. This meant that children would have to wait until other activities were finished or when the majority of children wanted to go outside before they could access this area. We shared with the manager how this could impact children's experiences and put additional pressure on staff. The management had shared this was an area they had identified and planned to develop further.

Children were cared for by a staff team who took their roles and responsibilities seriously. Staff undertook regular training alongside mandatory training, such as child protection, food safety and hygiene and first aid. Training was linked to areas of development within the service. Additional training included professional reading, discussions with other professionals and between the staff team. Some staff had completed further training and gained qualifications in childcare. This meant that outcomes and experiences were improved for children who attended the service.

Staff worked well as a team and they communicated respectfully with each other. They recognised each other's strengths and supported where possible. Staff shared that they were a close team and supported each other both in the service and personally. These close relationships contributed to a welcoming ethos within the club, where children and families were comfortable to come into the club or chat with staff.

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

Requirements

Requirement 1

By 31 May 2024 the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) Personal plans are regularly reviewed in line with legislation and in partnership with parents.
- b) Develop individual personal plans that reflect care needs and outline any specific strategies to support children's wellbeing.
- c) Information gathered in personal plans is current and meet children's needs.
- d) All staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet children's needs.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) 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 states 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 requirement was made on 21 March 2024.

Action taken on previous requirement

Individual personal plans were in place which gathered important information relating to children's care and needs. These were reviewed in partnership with parents and in line with current guidance.

Met - within timescales

Requirement 2

By 31 May 2024 the provider must ensure children's health and wellbeing, and accurate information is gathered when medication is required. Medication administration and paperwork must be reviewed in line with legislation. To do this, the provider must, at a minimum, ensure:

- a) Individual medication forms are used for individual medications.
- b) Medication forms are regularly reviewed in line with legislation and in partnership with parents.
- c) Medication forms gather appropriate information before and after administering medications.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and 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 states that:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 21 March 2024.

Action taken on previous requirement

Individual medication forms were in place and gathered appropriate information and parents consents prior to administering medication. These were reviewed in line with current guidance with parents.

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 ensure children's needs, health and wellbeing are supported the provider should now support staff to ensure all foods are safe to use. This should include but is not limited to:

- a) Food items are stored in a way to prevent cross contamination.
- b) Food items are labelled correctly when opened and being used.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 21 March 2024.

Action taken since then

All food items were stored in a way that prevented cross contamination with clear labels identifying dates they were opened and when due to be used by. This area for Improvement has been met.

Previous area for improvement 2

To improve outcomes for children and ensure that there is a culture of continuous improvement, quality assurance processes and self-evaluation should be developed further. This would help to support monitoring and assessing the service in line with best practice and legislation.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 21 March 2024.

Action taken since then

The service is in the early stages of implementing quality assurance processes which include documenting identified improvements and self-evaluation. This area for improvement has not been fully 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?	4 - Good
4.3 Staff deployment	4 - Good

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