

# Menzieshill Out of School Care Club

## Day Care of Children

Tayview Primary School  
180 Dickson Avenue  
Dundee  
DD2 4EH

Telephone: 01382 432 972

**Type of inspection:**  
Unannounced

**Completed on:**  
2 September 2022

**Service provided by:**  
Menzieshill Out Of School Care Club

**Service provider number:**  
SP2003000129

**Service no:**  
CS2003000719

## About the service

Menzieshill Out of School Care Club is registered to provide a care service to a maximum of 60 children of primary school age. A maximum of 20 children can be cared for in the out of school club room at any one time.

The out of school club operates from within Tayview Primary School in Dundee. The club is based in the community room, with children able to access the adjoining hall, where snack is served. Children also enjoy accessing toys in hall along with physical play. There is direct access from the community room to a secure school playground where children can enjoy outdoor activities and fresh air.

## About the inspection

This was an unannounced inspection which took place on 30 and 31 August 2022, between 14:15 and 18:00. 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 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 spoke with two of their family. We also received seven email communications from parents and carers;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- Children benefitted from warm and responsive care.
- Children led their play and learning within the service.
- Children and families should be involved in the improvement agenda of the service.
- Management and staff should implement formal evaluation methods to support robust quality assurance systems within the service.

## 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Children were happy and settled in the out of school club. They were having fun with friends and staff. We heard laughter and humour from the children and staff during the inspection as staff supported children in their play when needed.

Children were valued and respected as individuals. Staff knew children well and were caring nurturing and responsive in their approach to children. They discussed children's characters, interests, individual needs and how these were supported in the club. Staff praised and encouraged children, with reassurance and comfort given when needed. The children we spoke with during the inspection told us they enjoyed attending the service, with many children having attended for several years.

Information was gathered for each child to help the staff support and meet children's needs. We reminded the manager that this information along with parental consents was to be reviewed with parents/carers and children at least every six months to ensure it remained up to date and relevant to the child. Information should be signed and dated by the parent/carer and service upon review or update to acknowledge this task has been undertaken. We asked the service to continue to develop children's personal plans to ensure all current information was available to support children's health, wellbeing and interests. We signposted the manager to the personal plan guidance 'Guide for Providers, Early Learning and Childcare' to help with further development of personal plans. This guidance can be accessed on the Care Inspectorate Hub.

Management should review administration consents and recording of medication to ensure they contain detail, such as signs and symptoms and follow best practice guidance. Regular three monthly reviews and audits of all medication should be undertaken and recorded to ensure children's safety. We observed the storage of medication was secure and all staff had access if needed. **(See area for improvement 1).**

We observed snack time on both afternoons of inspection. We saw children were familiar with the snack routine of handwashing/sanitising before choosing what they wanted to eat from what was on offer, which included fruit, biscuits, crackers and yoghurts. We observed children and staff walk around the environment indoors and outside while eating food. We discussed with the manager, the snack menus which should encourage healthy eating and directed her to the nutritional guidance. Staff should review the snack menus in consultation with children and families to ensure healthy eating is encouraged. We also discussed snack as a safe, relaxed, social experience, where children sit down and are encouraged to be independent, for example, spreading their own crackers and pouring their own drinks. Staff should use snack time as an opportunity to sit with the children and have chats/conversations about various topics to encourage and promote language and social skills. **(See area for improvement 2).**

Good relationships had been developed between staff and parents/carers. Staff shared information with parents at the door during pick up times and formally through newsletters and emails. We discussed with the manager, methods of sharing with parents what the children were doing in the club, such as a white

board at the entrance which the children write up on a daily basis. Parents told us they found staff friendly, very approachable and helpful.

### Quality indicator 1.3: Play and learning

On the first afternoon of the inspection, children were engaged and leading their own play and interests. They had fun as they freely chose from a range of age/stage appropriate activities and resources available to them. The outdoors and community room were fully set up for the children arriving and we observed the children enjoy playing outdoors on skateboards, play football, throw beanbags and have a game of swing ball. Indoors, there were colouring sheets, dolls, tabletop games and the table football. However, the second afternoon saw some children less engaged in play as there were no toys or equipment outdoors. Few children went outside during the session. The hall and community room were set up with various resources, including tents, dolls/buggies, and tabletop games. We discussed with the manager ensuring children have consistent quality experiences with appropriate challenges available.

Children had opportunities to make suggestions, plan activities and give feedback on the service during children's committee meetings. Staff should formalise the recording of this information in a child friendly way, making it visible to children, for example, through mind maps or floorbooks, ensuring the children's voices are captured.

We observed good interactions between staff and children, however, there were missed opportunities to talk with children, particularly at snack time.

The service made good use of the local and wider communities during the summer holidays where children enjoyed day trips, for example, to parks and the safari park. These outings encouraged children to explore, be curious and promoted healthy lifestyles through fresh air and active play.

### Areas for improvement

1. To protect and keep children safe, the management team should ensure that the administration of medication records are fully completed, with three monthly reviews being undertaken and full audits carried out as detailed in best practice guidance.

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

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

2. To promote a safe, sociable snack experience, management and staff should review the food and drinks provided and the management of snack. Children should be encouraged and supported to be independent and have access to healthy food and drink options.

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

**'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.'** (HSCS 1.33)

## How good is our setting?

### 4 - Good

#### Quality indicator 2.2: Children experience high quality facilities

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

This was the first inspection of the service in its current premises. The service was based within a bright community room, which the club had sole use of. This room had direct access to the playground which allowed children to have free flow between indoors and outdoors. The club also had use of a large hall connecting to the community room, where snack was served and children were able to enjoy activities and physical play.

A range of toys and resources were observed in the hall during the inspection, including, tents, arts and crafts, tabletop games and imaginary play opportunities. Children talked with us about the quiet area, a small tent in the corner of the room, where they could take themselves if they wanted some quiet time. This area could be further developed into a cosy, quiet area for relaxing.

Children benefited from a welcoming and safe environment. The community room and hall were clean and well maintained. The main door to the club was open allowing children direct access to the playground, and fresh air to circulate indoors. Staff effectively monitored the door ensuring there was no unauthorised access and children were safe. The playground was fully enclosed with a high latched gate to prevent children from leaving unnoticed.

Staff carried out visual checks of the environment daily and risk assessed all areas to ensure they were safe for children. Written risk assessments were in place to support these checks, recording any risks and how they were minimised. We reminded the manager written risk assessments should be reviewed regularly to ensure they remained relevant to the service and updated if necessary.

Resources were easily accessible to the children, who knew what toys and equipment were in the cupboard. Lego, construction toys and computer games were available inside. We heard children ask for footballs, bean bags and tennis balls to take outside, with staff joining in the game of football and bean bag tossing. The service should continue to develop resources, for example, introducing more loose parts, ensuring children are given opportunities to share their thoughts and ideas.

Information was kept secure in the locked filing cabinet. Sensitive information was only shared with those who needed the information to meet children's needs. Management and staff understood the importance of confidentiality.

## How good is our leadership?

### 3 - Adequate

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

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

This was the first inspection with the manager in post. The service had aims and objectives in place which underpinned the service.

Formal evaluation of the service should be undertaken, including monitoring and auditing to support a robust quality assurance system. Improvements should be identified and prioritised. We encourage management and staff to become familiar with 'A quality framework for daycare of children, childminding and school aged childcare' to support assessment and evaluation within the service. There are also helpful videos within the ELC Improvement Section of the Care Inspectorate Hub which may be beneficial in supporting evaluation and the quality framework. **(See area for improvement 1).**

Some evaluation of the service was currently taking place with parents being asked for feedback on service provision. This was taking place informally and formally through questionnaires. We discussed with the manager, collating the feedback and then going back to all parents with the results/outcomes to keep the parents included, informed and involved. Feedback gathered from children should also be recorded and results/outcomes explained to them.

Whilst there had been an improvement plan in place for the previous year, there was no improvement plan for this year to support the developments within the service. The manager and staff had identified necessary developments needed within the service such as, creating a password security system for children getting collected and creating the quiet area for children to have a calm space where they could go away from other children to relax and have some quiet time. The staff team should create an improvement plan with the areas of development and improvement identified from the evaluation process. The improvement plan should have realistic timescales for achieving the priorities. **(See area for improvement 1).**

Policies and procedures were in place to support the running of the service and staff practice. They should be reviewed regularly to ensure they contain the necessary detail and follow current best practice guidance. For example, the missing child policy should be reviewed and updated to ensure it contains an accurate procedure should a child be missing from the service, or lost. All policies and procedures should be dated upon review to support the evaluation process.

## Areas for improvement

1. To improve practice and outcomes for children, management and staff should formally evaluate the service, put in place an improvement plan and develop a continuous quality assurance system to support the development of the service.

**This is to ensure that 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**

#### Quality indicator 4.3: Staff deployment

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The staff team had developed positive working relationships and felt supported by each other. New staff had joined the team and talked of feeling supported and included which had helped them settle into their roles.

There was a range of skills and experience within the team, with some staff very new to the club and other more experienced staff who had been in post for many years. Staff had been safely recruited with necessary police checks and references undertaken prior to staff taking up post to ensure the safety of children. Staff were registered with the Scottish Social Services Council (SSSC) as required for their roles.

Staff told us they had an induction when starting at the service, which provided them with what they needed to know to begin their employment.

We observed staff to be kind and caring. They were motivated and wanted to do their best for the children in their care. Staff talked about developing their knowledge and skills through accessing training which they felt would benefit them and the children who attend the service. Staff should continue to identify and access training to enhance their knowledge and skills.

Child protection knowledge should be refreshed regularly to ensure staff are knowledgeable of policies and procedures to keep children safe from harm. We encouraged staff to reflect on their training and record the impact of learning on their practice to support the evaluation of staff knowledge, skills and practice. **(See area for improvement 1).**

Staff were deployed well throughout the service, which ensured children were safe. They communicated well with each other to ensure continuity of care for the children and tasks were carried out without any impact on children.

## Areas for improvement

1. In order that children have high quality, positive outcomes, the staff team should continue to identify and access training and become familiar with best practice documents to support their professional development and the improvement of the service.

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

## 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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