

## Meldrum After School Klub (mask) Day Care of Children

Meldrum Primary School  
Commercial Road  
Oldmeldrum  
Inverurie  
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Telephone: 01651871100

**Type of inspection:**  
Unannounced

**Completed on:**  
5 May 2023

**Service provided by:**  
Meldrum After School Klub (mask)

**Service provider number:**  
SP2003000516

**Service no:**  
CS2003002654

## About the service

Meldrum After School Klub (mask) provides a daycare of children service in Oldmeldrum. The service is registered to provide care to a maximum of 30 school age children at any one time up to 16 years of age.

The service is located within Oldmeldrum primary school in a residential area of Oldmeldrum. The service has access to the dining hall, toilets and the playground area of the school. The service is close to local shops, parks and the local church.

## About the inspection

This was an unannounced inspection which took place on 2 May 2023 between 15:00 and 18:00 and on 3 May 2023 between 14:15 and 17:30. Feedback was shared with the service on 5 May 2023. The inspection was carried out by two inspectors 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 evaluation of the service we:

- observed practice and daily life
- spoke with management and the staff team
- reviewed documents
- spoke with the children using the service and thirteen of their family members.

## Key messages

- Children were leading their own play from a choice of planned activities and through spontaneous activities developed by accessing a range of easily accessible resources.
- Staff knew the children well and were kind and caring during interactions with them.
- Children could choose whether to play indoors or outdoors on a daily basis.
- The management team were asked to review the level of risk associated with specific activities within their risk assessments. They were also asked to develop a risk assessment for the indoor environment.
- The service should introduce monitoring and supervision of the staff team to support their approach to quality assurance and reflection.

## 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

Staff were kind and caring during their interactions with children and were responsive to their needs. Children chatted with staff about their day and nice discussions took place. Children were having fun and laughter was heard throughout the session. Staff knew the children well and confidently talked about their specific needs, wishes and requirements. This resulted in positive attachments being formed and children's needs being met. Parents shared that staff were 'welcoming and approachable'.

Personal plans were in place for each child which were currently being reviewed to include more detailed information. These plans were reviewed with families at least six monthly to ensure all information held was current and up to date. Children were now being fully involved in completing their all about me forms which were also being shared with parents. Care plans had been developed to support children with allergies, medical conditions and additional support needs. These plans now included strategies to support children to achieve. The care plans were also being reviewed at least six monthly to keep them current to support staff to fully meet the needs of children.

Medication processes had been reviewed to make them more thorough and robust. The medication consent forms adhered to current guidance and included all the required information to meet children's health and wellbeing needs. Monthly audits of medication took place to review all paperwork and medication held by the service. Medication was stored safely and securely and was clearly labelled for each child. The service should ensure that all reviews of consent forms are signed off by parents as soon as possible.

Snack time was a valuable social experience for children and provided them with opportunities to interact with their friends and staff. Children's independence and life skills were developed throughout as children served themselves using tongs, poured their own drinks and cleared away their plates when finished. Children were offered the choice of a variety of healthy snack options. Numeracy and literacy were naturally incorporated into this experience through the use of numbers to encourage children to count. Measuring jugs were used to support children to measure and use mathematical language. This experience could be further developed by providing children with the opportunity to prepare their own snack during term time as well as during the holiday periods. One parent commented that the choice of breakfast options could be improved.

Children had access to a quiet cosy area to rest and relax in after a day at school. Children chose to create dens in this space using chairs, blankets and pegs. Children worked together to create these dens and then chose to access them and spend time in them. This supported children's wellbeing and resilience.

Staff were knowledgeable about the child protection procedures in place for the service. Chronologies had now been created and were included in each child's personal plan. Staff had completed child protection training to develop their knowledge and skills to support them to keep children safe.

### Quality indicator 1.3 Play and learning

Children were leading their own play and were independently accessing indoor and outdoor areas. Children chose play experiences to take part in and could independently access further resources to support their play. Children's interests were reflected in the experiences and activities on offer, for example, Lego had been set out on a table for a child who was interested in designing cars. The child was engaged in this activity for an extended period of time. More thought could have been put into making some activities more inviting for children to develop their creativity and imaginations. The activities on the second day of our visit were more inviting and provided more challenge. This resulted in children being more engaged in their play. A parent shared that 'the range of play opportunities had improved lately, and staff seemed to be more engaged in playing and chatting with the children'.

Children's play was extended by staff when appropriate to do so. Staff located additional resources to support two children to create handles and a seatbelt in a vehicle that they had made from a wheeled box. Children then wore helmets and pushed each other around the playground in their vehicle. These experiences supported children to develop their imaginations and problem-solving skills. A parent highlighted that 'the staff have good ideas when it comes to creating new and fun activities and learning experiences'.

Children were confident in assessing risks during their play. They spoke about the need to wear a helmet when accessing scooters. Children were assessing risk as they climbed trees. They agreed how high they would climb up one of the trees, the other tree was harder to climb, so children did not climb so high. Staff were supervising and assisting during this play as needed. Children discussed risk with a staff member while creating their den indoors and they reflected on climbing on chairs and whether this was a safe option. This provided children with opportunities to manage and assess risks during a variety of play experiences.

Books were available for children to access in the cosy area to support and develop their language and literacy skills. Children were involved in creating a wall display about the vision and values of the service. They had drawn pictures, shared comments and were involved in the design of the display wall. This experience had also provided opportunities to develop children's literacy and numeracy skills.

Children accessed their local community during the school holidays. There had been a recent trip to the local park and skate park which supported a current interest. Some of the children showed an interest in the local church while accessing their toilets. This resulted in them exploring the building and having discussions with staff. These opportunities provided children with an awareness of what was available to them within their local community.

The service were in the process of beginning to develop floorbooks to share children's play and learning experiences. The manager shared that the child's voice will be evident throughout the book and children would be fully involved in sharing their play and learning through photographs and sharing comments.

## 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.

### QI 2.2 Children experience high quality facilities

The environment was safe and secure and appeared mainly clean. The staff team should ensure that windows are opened when they arrive at the service to make sure the environment is well ventilated. A variety of activities and experiences were set up for the children's arrival to make the space welcoming for children. There were more tables set up on day two of our visit which resulted in minimal floor space for children to move around in. This caused congestion when children were getting ready to go outdoors. Staff should be mindful of ensuring ample floor space is available for children to safely move around the service.

Furniture was of a suitable size to support the age and stage of development of the children. Resources were easily accessible for the children, and staff were on hand to access anything that children wanted from the resource cupboard. Children made choices and independently selected the resources to be taken outdoors to support their interests, play and learning. Children were currently involved in creating a wall display which provided them with ownership and supported them to feel included and respected.

Risk assessments were in place for specific activities, outings and the outdoor play environment. There was no risk assessment in place for the indoor environment, however, this was created prior to the end of the inspection process. Visual risk assessment checks were completed for the school grounds prior to children accessing this outdoor environment. This ensured a safe environment for children. The service report damages and maintenance concerns to the school estates team who are responsible for any repairs and maintenance on the building. The service were currently waiting for a door handle to be fixed to ensure safe access to a resource cupboard.

Accidents and incidents were recorded in full and shared with families. Regular audits were being completed to highlight any triggers or patterns with accidents. This supported staff to take actions to ensure a safe environment for children to play.

Infection prevention and control measures were being followed. Tables and chairs were wiped down before and after use. Children and staff washed their hands at appropriate times and children's handwashing was monitored by staff to ensure it was effective. This minimised any possible risk of spread of infection.

Children were well supervised and regular head counts were carried out. A whiteboard displayed how many children were in attendance. This was updated to show how many children were indoors and outdoors and numbers were updated when children were collected from club. Staff monitored and supervised children's movements between indoors and outdoors and walkie talkies were used to further support this. This ensured children were well supervised at all times.

## 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.

### QI 3.1 Quality assurance and improvement are led well

The service were currently in the process of reviewing and updating the vision, values and aims for the service. Children and families had been involved in a consultation to support this review and feedback was being shared on a wall display. The reviewed vision statement was not yet in place and would be created once the consultation was completed.

Children were now involved in the improvement work within the service. They were regularly asked what resources they would like to be purchased and what activities and experiences they would like to take part in. Children shared with us that the 'club was now much better, they got to go outdoors nearly every day now and they go on trips during the holidays'. Children asked the manager if they could purchase go-karts for outdoor play. These opportunities supported the children to feel valued and listened to. Families were also asked regularly to share feedback and suggestions to support improvement within the club. Actions taken from parental feedback was either shared verbally with parents or by email. One parent shared that there was a 'very good standard of leadership and great communication with parents'.

A quality assurance calendar had been created which highlighted specific tasks that were to be completed. These included reviews of paperwork, audits, training sessions and staff appraisal meetings. It would be beneficial for this document to include additional information to show which tasks had been completed and which were outstanding.

The new management team had created improvement plans and action plans to support ongoing development within the service. These plans included the tasks to be carried out, who was responsible for the tasks and what the benefits would be for children. Staff were given ownership of tasks within the improvement plan. Once completed these plans would also show the evaluation of the changes made, any possible next steps and how the families had been involved in the improvements.

The service were in the early stages of self-evaluation and were using the document 'A quality framework for daycare of children, childminding and school-aged childcare' to support them. The staff were using a red, amber and green approach to evaluate specific areas of the service and reflect on possible areas for development. Regular staff appraisals were now taking place which highlighted areas of strength within staff practice and provided the opportunity for areas for development to be discussed. The service did not currently carry out any formal staff monitoring or supervision to support their approach to quality assurance. We discussed that this would be beneficial to support professional discussions through the sharing of feedback and could also develop staff practice. The service plan to introduce this and monitoring templates had been developed prior to the end of our inspection process. **See area for improvement one.**

Policies and procedures were in place to support safe practice within the service. These had all recently been reviewed and they reflected current best practice and guidance.

## Areas for improvement

1. To support ongoing professional development, the provider should ensure that staff monitoring, and supervision is carried out. This should include, but is not limited to, regular monitoring of staff practice and interactions with children with feedback being shared to support individual training needs.

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



**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.

**QI 4.3 Staff deployment**

There was now a consistent staff team to provide care for the children on a daily basis. This provided the opportunity for positive attachments to be formed between the children and staff. This also provided consistency for families during pick up times as a familiar staff member was available to share information with them. The service was appropriately staffed and adult to child ratios were maintained both indoors and outdoors.

Staff were proactive, flexible and responsive to the needs of the children. They communicated well as a team and worked well together to provide resources and activities to support current interests. The team felt well supported by the manager and seniors and shared that they now felt included and involved in everything that happens within the service.

The staff team had a broad range of experience between them and were using their knowledge and skills to develop the service and improve outcomes for children. A communication book had recently been introduced to ensure effective communication between the staff team. This also supported effective communication with families. One parent commented 'super team of individuals who look after and care for our children to a very high standard'.

Children were well supervised both indoors and outdoors. Staff positioned themselves effectively while outdoors to always ensure supervision of children, especially when children were climbing trees. Walkie talkies were used to maintain communication between the staff who were indoors and outdoors and to safely monitor children who were choosing to move between areas.

## 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 support children to build positive relationships with healthy foods and develop their independence and life skills, the provide should ensure that children are more involved in the planning of snack. This should include, but is not limited to, involving children in menu planning, preparing, and serving of foods. To minimise the disruption of play experiences the provider should also ensure that snack is available throughout most of each session.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can choose suitable presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).**

**This area for improvement was made on 19 April 2022.**

#### Action taken since then

Children now take part in the menu planning for snack and they help to lay out the dishes and glasses. During the holiday periods, the children are more involved in the preparation of snack. The team are continuing to develop the snack time experience. Snack is now available for the majority of the session.

This area for improvement has been met.

#### Previous area for improvement 2

To adhere to safer recruitment guidance, the provider should ensure that two appropriate references are gained for all new members of staff prior to them starting work within the service.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).**

**This area for improvement was made on 19 April 2022.**

#### Action taken since then

There is now a checklist in place which shows that all safer recruitment tasks have been completed and by what date. All references were in place for newly recruited staff.

This area for improvement has been met.

### Previous area for improvement 3

To improve outcomes for children, the provider should ensure that further quality assurance systems are developed to assess the quality of the provision in line with current best practice. This should include, but is not limited to, a quality assurance calendar being developed, self-evaluation of service being carried out and regular consultations with children, staff, and families.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 19 April 2022.**

#### Action taken since then

The service have developed their approach to quality assurance. There is now a quality assurance calendar in place to support audits, reviews, training and staff meetings. The quality framework document is now being used to support self-evaluation and reflection on practice to improve outcomes for children.

This area for improvement has been met.

### Previous area for improvement 4

To support professional development, the provider should ensure that staff appraisal meetings are reintroduced within the service. This should include, but is not limited to, regular appraisal meetings taking place, targeted and individual training being identified and a training plan being developed for the year ahead.

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

**This area for improvement was made on 19 April 2022.**

#### Action taken since then

Staff appraisals have now been re-introduced to support professional development and targeted training to be identified.

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?	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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