

# Culross Out of School Club Day Care of Children

Culross Primary School Low Causeway Culross Dunfermline KY12 8HL

Telephone: 07872 424 629

Type of inspection:

Unannounced

Completed on:

4 November 2025

Service provided by:

Fife Council

Service provider number:

SP2004005267

**Service no:** CS2015335578



## About the service

Culross Out of School Club operates from Culross Primary School, Dunfermline, Fife. They are registered to provide a daycare of children service to a maximum of 16 children of primary school age.

Children have access to the school gym hall, kitchen, large garden and toilet facilities. The service is situated within the school, close to green spaces, other local amenities and can be reached by public transport.

## About the inspection

This was an unannounced inspection which took place on Monday 3 November and Tuesday 4 November 2025, between 14:30 and 18:00. This 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spent time with 16 children using the service and spoke with six families
- received four completed questionnaires from families
- spoke with three staff and the management team
- assessed core assurances, including the physical environment
- · observed practice and daily life
- · reviewed documents.

During this inspection we 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 kind and nurturing approaches from staff who knew them well.
- Children's ideas influenced planning and rich experiences offered.
- Children and families benefitted from positive connections with the service.
- · Positive friendships had been fostered between peers.
- The service could engage children in deciding their values for the club.
- Reviewing daily routines would offer children more time to play and connect with peers.
- The service should refer to personal planning guidance to ensure a consistent approach in recording and implementing plans to meet children's individual needs.

## 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

Leadership	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## Leadership 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

#### Quality indicator: Leadership and management of staff and resources

Children and families experienced a service that promoted a vision for high quality care in a safe, fun and relaxed environment. There was lots of laughter and fun with a positive focus on inclusion and friendships. Children told us they liked coming to the club to spend time with their friends. Children were encouraged to share ideas, which positively influenced the quality of experiences. This was documented in the floor books and show children were at the heart of the service, promoting their rights, interests and curiosities. We suggested the service could continue to promote children's voice by engaging them in creating their club values that are important to the children.

They incorporated this into floor books that evidenced the breadth of opportunities children experienced. Children and families had been consulted using questionnaires to support the service to look at what was going well and areas for improvement. We could see some suggestions children made incorporated into the improvement plan. This demonstrated it was important that children were included in implementing change. Evaluating the progress of their improvement priorities was at an early stage. This had been impacted by staffing. We suggested that children and families also be involved in evaluating the improvement plan. This could support the services culture of continuous improvement and lead to enhanced outcomes for children.

A structured system with clear responsibilities and timescales for quality assurance throughout the year supported a more planned approach. Actions identified at previous assurance visits from the manager had been followed up. To ensure the quality assurance system remains effective, we advised greater attention to detail was required by all staff. For example, ensuring all accident forms are signed and medication consent forms are updated when children transition from holiday club to regular attendance.

Staffing changes had been managed effectively to minimise the impact on children's experiences and positive connections. For example, some children knew visiting staff from attending holiday clubs. Children told us they sometimes knew in advance who would be working each day or would find out on the day. They said they would find it helpful to have pictures of staff who could be working in their club on the board. This would offer reassurance and support emotional security. We shared this with the service who agreed to implement this. The service had recently recruited a new member of staff who was not yet in post. There was a detailed programme of induction planned that reflected best practice guidance.

### Children play and learn 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

#### Quality indicator: Playing, learning and developing

Children were happy, engaged, and leading their play, which contributed positively to their overall experience. Children told us they liked to play in the garden, trim trail, games and with their friends. Their ideas, interests, and preferences influenced the rich and varied activities offered. This was documented in the floor book and children spoke confidently about the fun and enjoyment they had. The environment supported inclusive play among children of different ages. For example, younger and older peers engaged in imaginative play while sharing space on a mat. This ensured a sense of fun and excitement. Staff demonstrated an understanding of when to engage and when to step back, promoting autonomy while supporting emotional resilience and peer relationships. As a result, children were engaged in sustained play.

During opportunities for outdoor play, the large garden attracted many children, who appeared eager to spend extended periods of time exploring and engaging in activities there. They had access to a wide selection of loose parts and enjoyed exploring the outdoor classroom that offered opportunities for risky play. For example, children could climb trees, use hammocks and explore nature. We advised the service to further develop their risk assessment for this area to reflect how potential risks would be minimised.

Interactions between staff and children were warm, nurturing, and respectful. Staff spent time engaged in games requested by children on day one. Some inconsistencies were noted on day two of our visit due to staffing changes and increased numbers of children, which resulted in missed opportunities to support quality engagement.

At the start of each session, children sat at the table to complete the register and share news. For some children this significantly reduced the time they had to play and spend time with friends. We asked children their views on this routine. Some told us they would like to play right away whilst others said they liked sharing their news, sometimes. To ensure children have choice and their time to play is not reduced, the service should review this routine (see area for improvement 1.)

There was a balance of responsive and intentional planning, and work had begun to link children's individual next steps into weekly plans. Planning promoted a child-centred approach, with children's voice embedded in the process. For example, weekly activities and snack menus were led by children and they were encouraged to share their views through evaluation. This promoted a sense that children mattered. Families spoke highly of the play experiences offered and said there was no improvements needed to the breadth of opportunities children experienced.

#### Areas for improvement

1. To ensure children's rights are promoted, they have choice to lead their play and connect with peers, the provider should review the routine at the start of the session. This should include, but not limited to, registration, the time children are sitting and the impact this has on their right to play.

## Inspection report

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

## Children are supported to achieve 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

#### Quality indicator: Nurturing care and support

Children experienced kind and respectful connections as staff were warm and nurturing, offering reassurance and cuddles when needed. Many children told us they felt listened to and safe in the club. Staff took time to talk with children, supporting them to resolve conflict in a calm manner. Children said the best part about their club was the "staff" and it was clear there was a 'professional love' for children. Families felt staff knew their children well and responded sensitively to their needs and wishes. As a result, there was a warm, welcoming atmosphere that promoted a sense of positive connection and security.

Transitions into the service were planned. Families shared that visits were arranged prior to children starting if required, supporting emotional security and settling-in. Many children were familiar with the setting before starting as the families had used the service with siblings and positive connections had been formed.

Mealtimes offered children opportunities to be involved in planning and preparing foods. Children confidently explained the red, amber, green system that supported their menu planning to ensure there was a healthy balance of food choices. The snack routine on day one was relaxed, encouraging connection and time to talk as staff sat with children. We found staff to be more task focussed on day two due to the increased numbers of children and staffing changes. We suggested ways to promote more opportunities for staff to sit with children and reduce the tasks. For example, all food and drinks could be placed on the table for children to select independently. This would promote a more relaxed and sociable experience each day.

Personal plans were reviewed in line with guidance that included updating information with families and all about me books with children. The service had implemented some additional support strategies when required to meet individual needs. There was no record of these in children's plans but were evident in the supports offered. Families confirmed they had been involved in agreeing strategies. We signposted the service to the Care Inspectorate guidance 'Guide for providers on personal planning, early learning and childcare (2021). Using the guidance should support a clearer understanding of personal planning. This would ensure all children receive appropriate interventions when required in a timely manner and all staff have relevant information to meet children's needs (see area for improvement 1.)

Families were welcomed into the setting and staff took time to talk with them. Strong partnerships with families were a strength and it was clear staff knew families really well. Regular communication through emails, texts, newsletters and face-to-face conversations promoted positive connections. Families valued the service and praised the commitment of staff, particularly the senior practitioner. Families' comments included "A great team of staff", "There is good communication at pickup. Staff know my child well." and "My children really enjoy attending the service, so I'd just like to thank the staff for the work that they do to make it a happy welcoming atmosphere." As a result, families had developed trust in the service that promoted positive partnership working.

#### Areas for improvement

1. To ensure children's needs and wishes are supported, the provider should record important information on how children's individual needs will be met. This should include, but not limited to, ensuring all staff are fully aware of additional supports and strategies in place, have time to familiarise themselves with plans and review these with children and families.

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)

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

The provider should now further develop quality assurance systems to ensure a robust and planned approach to continuous improvement.

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).

This area for improvement was made on 29 January 2020.

#### Action taken since then

Quality assurance systems had been further developed to ensure a more planned approach. The service had a quality assurance calendar in place with clear tasks and timescales assurance checks should be carried out. We encouraged the service to continue to embed this practice with more attention to detail when reviewing information. Improvements had been made and this area for improvement had 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.

## Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

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