Dundonald Care Club
Day Care of Children

Dundonald New Community School/Activity Centre
Dundonald Activity Centre
Castle Drive
Kilmarnock
KA2 9EP

Telephone: 07772 944 225

Type of inspection:
Unannounced

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Service provided by:
South Ayrshire Council

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About the service

Dundonald Care Club is an after school and holiday club based within Dundonald Activity Centre, South Ayrshire. The service is registered to care for a maximum of 30 children aged between three and 14 years. The children have access to a small hall as well as a gym hall and outdoor area within the centre which is part of Dundonald Primary School. The service is near to local shops and schools.

There were 19 children registered with the service, 11 children were present on day one of the inspection and nine children were present on day two of the inspection.

About the inspection

This was an unannounced inspection which took place on 18 June 2025 between 15:15 and 18:15 and 19 June 2025 between 14:15 and 18:15. 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 evaluations of the service we:

- spoke with two parent/carers
- gained feedback from three parent/carers through Microsoft form questionnaires
- gained feedback from one staff through Microsoft form questionnaires
- spoke with four staff and management
- observed practice and daily life
- 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:

- 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

- Staff displayed kind and caring interactions with children.
- The mealtimes experience for children should be reviewed to support better outcomes.
- Children had fun through play experiences.
- The service had reviewed Personal Plans to support better outcomes for children.
- The implementation of risk assessments involving children would further support staff to keep children safe.
- The service should prioritise policies and procedures to be updated such as Child Protection.
- Better deployment of staff would support children to have free flow access to all areas 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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Staff displayed kind and caring interactions with children. Staff were responsive to children and offered reassurance and support when needed. Although on occasions, there were inconsistencies in this. For example, some staff spoke to children from across the room, which increased noise levels. We discussed with staff how they could support a more nurturing approach. This would enable children to feel more valued and respected.

Children were given opportunities to express themselves as staff asked them how they were feeling, and they used a feelings board to convey their emotions. However, this was implemented as a task rather than a meaningful experience for children. For example, children were deterred from revisiting the board and changing their feelings. We discussed with the staff how this could be improved to ensure it was a meaningful experience for children. This would support children in expressing their feelings and emotions, promoting their overall wellbeing.

During snack time, staff were focused on tasks and did not sit alongside children to supervise or promote a sociable experience. We discussed how this could be further developed to promote a more relaxed and sociable experience providing better outcomes for children.

Children could choose to bring their own snack, and were offered a choice of fruit. However, some of the fruit options for children had begun to spoil. We asked that staff ensure fruit is checked regularly and any spoiled fruit is discarded. This would reduce the risk to children's health and wellbeing.

Although no children required medication at the time of the inspection, we sampled medication forms for children who attended the holiday club within the service. Information was recorded in consultation with parents regarding the children's health needs to support staff in administering medication safely to children. This ensured children were kept safe.

Personal plans were in place for almost all children and had been developed in partnership with families. Children who required additional support had detailed plans in place to support them. Although children's plans and next steps in learning were reviewed termly, up to date next steps for children had not been identified, and parental involvement in the review process was unclear. Children would benefit from having consistently identified next steps in place to help staff support their continued progress and enable them to achieve their full potential. We discussed with the manager to ensure personal plans remain current and effective; they should be reviewed with families at least every six months. This would support staff to meet children's individual needs. The service had recently reviewed the process for recording information on children in their plans. This should support a more consistent approach and enable staff to have the relevant, up to date information to meet children's individual needs.

Staff had a basic understanding of their role in keeping children safe. Clear procedures for child protection were not evident or current, which meant staff were not entirely up to date with the procedures in place to ensure children were kept safe. Although we were satisfied that staff would be able to contact the manager for support with any concerns they may have, the manager should update the policies and procedures

relating to child protection. This would support staff to be fully aware of what action to take to ensure the safeguarding of children **(see area for improvement 1 under 3.1 quality assurance and improvements are led well).**

Quality indicator 1.3: Play and Learning

Children could lead their play and choose from a range of resources to support them both indoors and outdoors. For example, some children enjoyed creating shapes with Hama beads indoors, and when exploring outdoors, children could select resources to take with them into the outdoor area. This supported children to develop their ideas through play with resources of interest to them. Parents commented: "The children can explore indoor and outdoor activities, den building, sports, crafts, Lego, and video games."

Staff had built positive relationships with families and parents were welcomed into the service. This enabled parents to see where their children played and supported effective communication. Parents commented: "We are always made welcome" and "The staff are always happy to tell us how the session has gone."

Children were encouraged to develop their creativity and imagination through play experiences. For example, we observed children creating dens indoors and outdoors using loose parts, such as various materials and pegs. Loose parts are materials that can be moved, redesigned, and used in multiple ways. They created cosy spaces and dens, and engaged in role play developing their ideas. As a result, children were engaged in play and having fun. Parents commented: "My child likes it as they have fun."

Interactions were positive and responsive to children's needs. Some staff engaged with children to support them to extend their ideas in play. For example, during den building, children ran out of pegs, and they discussed with staff how they could hold up the material they wanted to use. They decided to use string to support themselves by tying the material to wooden posts and creating dens. However, this was not consistent, and there were some missed opportunities where children's play could have been further challenged. We discussed with staff how this could be further developed to support children in extending their play learning and problem-solving.

Although some children were engaged in play, others displayed boredom in their experiences, and staff did not intervene to redirect and engage them. We observed staff interrupting children's play to take photographs of them, which disrupted children's engagement. We discussed with staff the importance of being mindful of all areas where children are engaging and being responsive to their needs. We suggested taking photographs while children were engaged in play. This would ensure interruptions did not impact the quality of children's play experiences.

Children's voices were evident in planning, floor books, and evaluations, and children's ideas and requests were recorded on weekly planners. However, only some of these were taken forward with children. We discussed with the staff how this could be further supported by using these opportunities to offer a variety of experiences. Where experiences could not be implemented, discussing with children why and offering alternatives. This would help children take ownership, capture their interests, and support staff to extend children's responsive play.

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 had access to floor space to play, as well as cosy areas with soft furnishings, such as rugs, throws, and cushions to rest and relax. This supported their overall wellbeing. Parents commented: "My child likes that there are cushions when they need to chill out."

Resources were accessible to children, and they could independently choose from a range of toys tailored to their needs. They could also request additional resources to support their play. This enabled them to take ownership and engage in play experiences by choosing resources of interest to them.

Children had access to a safe environment. A secure entry buzzer system and glass doors allowed staff to see who they were answering the door to, and a secure boundary fence ensured the safety of children while they accessed the outdoor area. Staff kept daily registers of children's attendance, ensuring that all children were accounted for. This ensured children were kept safe. Parents commented: "My child is safe and happy."

Daily environmental checklists were completed by staff; however, these did not effectively identify all existing hazards. During our inspection, we observed thorny plants within the outdoor play area, presenting a potential risk to children. The introduction of more detailed risk assessments would enhance staff awareness of environmental hazards and support the ongoing safety of children in the setting **(see area for improvement 1)**.

Children were encouraged to wash their hands at key times, such as when arriving at the service and before eating. The toys and materials were clean, well-maintained, and safe for children. This helped reduce the spread of infection and kept children safe.

Confidential information was stored securely, with appropriate measures in place to ensure compliance with data protection legislation. Access was limited to authorised personnel only.

The service had links within the local and wider communities as they visited local parks and went on local walks. This supported children to develop their knowledge of their local and wider community.

Areas for improvement

1. To ensure children are kept safe, the manager should develop risk assessments and checks with identified hazards with mitigations to reduce risks to children, involving children in the process. This should include indoors, outdoors, and in the wider community.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.19).

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 improvements are led well

Some policies and procedures were in the process of being updated, and the manager kept an electronic copy of these. This meant that staff did not have access to updated procedures to support their practice. We asked that the manager prioritise policies for review, such as Child Protection, and ensure these are accessible to staff. This would support staff in having up-to-date information on procedures to follow, ensuring children are kept safe. These updates should also be shared with parents. This would help parents stay up to date with any changes to practice, providing a consistent approach **(see area for improvement 1)**.

Staff informed us that they had informal discussions daily before the children arrived at the service. They discussed aspects of the service, including the individual needs and interests of children. However, these discussions were not recorded, which meant that not all staff received communication updates and did not clearly understand developments within the service and important information to support a consistent approach to meeting children's needs. We asked that these discussions are recorded to support continuity of care and support for children.

The manager informed us that they had recently met as a team to discuss aspects of children's personal plans and support improvements. However, these discussions were not recorded to reflect any actions to be taken or improvements to be made. This meant there was no way of knowing what aspects were changed and why. We asked that the manager review this process and implement a formal self evaluation process that involves all staff. This would support meaningful improvements in practice and better outcomes for children **(see area for improvement 2)**.

Some monitoring processes had contributed to positive outcomes for children. For example, relevant information about children's individual needs was recorded, monitored, and updated. This ensured that staff had up to date information relating to the children in their care. However, regular monitoring of staff practice and staff-child engagement was not evident. We discussed with the manager how this could be developed to support regular monitoring of aspects of practice that would support meaningful improvements.

Staff were supported by management through ongoing verbal communication in some aspects of their practice, although staff personal development reviews had not been completed for some time. This meant that staff did not have clear career progression paths. We discussed with the manager the importance of completing regular personal development reviews with staff. This would enable them to identify skill gaps and provide tailored development plans to support staff in their roles.

An improvement plan was in place, and some priorities identified had contributed to positive outcomes for children. For example, the service had identified to develop children's engagement in play, which had improved since the last inspection. Continuing to reflect on practice and identifying priorities for improvement would further support meaningful improvements within the service.

Areas for improvement

1. To ensure positive outcomes for children the service should ensure all policies are up to date, have clear procedures, are reviewed regularly to reflect current best practice and guidance. This should include but not be limited to:

- prioritising policies for review to support staff in their role such as Child Protection
- ensuring all policies and procedures are accessible to staff
- sharing updates with parents.

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).

2. To ensure positive outcomes for children the provider, manager and staff should ensure effective quality assurance systems are developed and implemented. To do this, they should at a minimum:

a) implement a monitoring calendar to outline when specific tasks will be undertaken and any impact on practice;

b) monitoring of staff practice should be routinely carried out and embedded to identify strengths and any areas for further improvement;

c) the manager should organise regular, formal staff meetings to facilitate review of quality in the service with staff; and

d) the manager should give staff time to plan and develop areas, skills and knowledge through personal development reviews.

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? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 4.3: Staff Deployment

Staff communicated verbally when tasks took them away from their responsibilities, and they used walkie-talkies to support them when using the outdoor area. This supported effective communication.

Staff were deployed across the service to support the needs of children. Managers provided consistency in staffing with familiar supply staff supporting the service in staff absences. However, we observed less familiar staff did not recognise all parents and were answering the door to them, which presented a potential safety risk. We discussed with the manager how better deployment of staff would ensure children were kept safe.

Newer, less familiar, staff were supported in building their knowledge of the children in their care. They were provided with an overview of the service's policies and procedures through a staff handbook. As there were only two staff members within the service, they could contact the manager or area supervisor for support when needed. This provided staff support and enabled them to meet children's individual needs.

Children had access to the outdoor space within the school playground; however, throughout the inspection, children did not have free-flow access to the outdoors, which limited children's choices of where to play. The choice of outdoor play experiences would have supported some children to stay engaged in play. We discussed with the manager how better deployment of staff would support children in having free-flow access to the outdoor area.

The manager maintained an overview of staff training, including first aid. This enabled staff to strengthen their knowledge and skills, keeping children safe. We discussed with the manager how staff completing an evaluation of any training they have undertaken would support them in reflecting on their practice and assessing the impact of the training on outcomes for children.

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

A system should be introduced as part of children's personal plan where parents comments and other relevant information is recorded, shared with all staff and used to plan for children's health, welfare and safety needs.

These should be reviewed in partnership with children and families as and when information changes or at a minimum of every six months. This will support staff to plan children's care based on up to date and reliable information.

The Care Inspectorate 'Hub' and guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare' (2021) should be accessed to support this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 area for improvement was made on 8 December 2023.

Action taken since then

Although children's plans were reviewed termly, parental involvement in the review process was unclear. The staff team had worked together to develop children's personal plans, and a new format for recording information had been created. This should support parental involvement and provide a more consistent approach. However, this had not yet been implemented, so we were unable to measure the impact of this. Therefore, this area for improvement has not been met.

Previous area for improvement 2

To ensure children receive high quality experiences through interactions, the manager should support staff to develop their skills in quality interactions.

This should include, but not limited to:

(a) Ensure all children receive responsive care and support from staff at the right time.

(b) Support and extend children's thinking and problem-solving skills during their play and learning experiences.

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

This area for improvement was made on 8 December 2023.

Action taken since then

Interactions were positive and responsive to children's needs, but these need to be extended to support and develop children's thinking and problem-solving skills. There were some missed opportunities in children's learning where children displayed boredom in their experiences. Staff did not intervene appropriately to redirect and engage the children. Staff should make better use of areas within the service to support children in experiences relating to their individual needs and interests. Therefore, this area for improvement has not been met.

Previous area for improvement 3

Children should benefit from a learning environment that is rich in opportunities for them to explore, be creative and problem solve. The manager and staff should review and develop the environment to make it more interesting, stimulating, and fun.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smell.' (HSCS 5.20).

This area for improvement was made on 8 December 2023.

Action taken since then

Children had opportunities to explore, be creative and problem solve. The children had fun within the environment as they explored the resources available to them. Therefore, 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.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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