Viewlands Kids Club
Day Care of Children

Viewlands Primary School
Oakbank Crescent
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Type of inspection:
Unannounced

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Service provided by:
Perth & Kinross Council

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About the service

Viewlands Kids Club is situated within Viewlands Primary School in Perth. The service is registered to provide an after school care service to 40 children at any one time.

The service is in a residential area close to shops, parks, and other amenities. Children have access to the gym hall, toilets, and other school facilities. They also have access to a school playground and grass area for outdoor play experiences.

The service is provided and by Perth and Kinross Council. The Manager of the service is Peripatetic and manages two other kids club services. The Childcare Supervisor is responsible for the day to day running of the service and is supported by the Peripatetic Manager.

About the inspection

This was an unannounced which took place on 12 and 13 June 2024. 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 six of their family members.
- Spoke with four staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Children were happy, settled and having fun with their friends. They had developed positive relationships with staff which contributed to them feeling safe and secure.

- Medication paperwork resulted in staff being unsure of the protocol of treatment one child required. The manager and staff were proactive in improving this and had a protocol in place by our second visit.

- Planning approaches were child centred and responsive to individual children's wishes, interests, and skill's they'd identified to learn while attending the club.

- Children and families' views and opinions were considered to help influence positive change within the club.

- The staff team worked well together to create a positive and fun environment for children to play and learn.

- Children had identified a skill they would like to learn while attending the club. The manager and staff should develop a system to monitor children's progress with their chosen skill and share achievements with families.

- Staff deployment, during busier times of the club session were not always effective in supporting children and 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?	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 quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

1.1 Nurturing care and support

Children and staff had developed positive relationships. Children benefitted from staff that were friendly and caring and knew children well as individuals. Staff warmly welcomed children into the service and asked after their day at school. This meant children felt valued, safe, and settled quickly into routines. It was evident children were fond of staff, there comments included, 'The staff help us, they give us time to think if we are mad' 'I feel safe here, the staff are on it' 'Some staff are really fun, they are our friends'.

Effective personal planning ensured staff were knowledgeable on children's individual, likes and dislikes, and staff has asked them to choose a new skill they wished to learn while attending the club. Plans were reviewed regularly with children and families which meant information was current. This resulted in staff providing consistent and compassionate care and supported children to achieve. Parents told us; 'Staff are friendly, knowledgeable about my child and genuinely care about them' and 'They are all very friendly and helpful and if I have an issue, they're more than happy to assist.' Further information can be found in section 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Families had been welcomed back into the service to collect their children. However, there was scope for communication to be improved at this time. Some staff gave families very brief information on their child's wellbeing and other families received no information as staff were task orientated when they arrived at the club. Families told us, 'There's a lack of communication, with teachers also,' 'There's no information on activities' and 'We don't know what snack is going to be or has been.' We highlighted ways in which the service could improve communication to help support partnership working and effective information sharing with families.

Children benefited from a high-quality snack experience which promoted opportunities to develop their independence and life skills. Children were encouraged to be responsible as they helped plan menus, prepared food and voted on snack choices. Children were able to choose when to have their snack and who to sit beside. There was a wealth of opportunities for choice and independence, for example, pouring their own drinks, self-serving and tidying away their plates and glasses. Children experienced a relaxed and unhurried mealtime, we highlighted to staff they could sit with children throughout the rolling snack to promote further social skills. Overall, snack time was a positive learning experience, where children were learning important life skills.

Medication was stored safely, and the appropriate permissions were in place. However, audits failed to identify gaps in paperwork, for example there was not a protocol in place for administering emergency medication. Staff were not confident in the process they should undertake should the medication be needed. This meant there was potential for a delay in administering safe and effective treatment. Medication kept at the service required regular audit checks to ensure it would be effective in an emergency. The manager and staff were keen to improve the administration of medication and a medical protocol was in place by our second visit (See area for improvement 1).

Staff were knowledgeable on how to keep children safe from harm. They were confident in how to share initial concerns on children's welfare and wellbeing which contributed to keeping children safe.

1.3. Play and learning

Staff had thoughtfully considered how they laid out areas of play and activities. Resources were well maintained and presented in a way that gave children choice of where to play and captured their interests. Children played chess and built structures with Kapla blocks. There was a good range of loose parts and natural materials which inspired children's imagination. One child proudly showed us their creation and told us, 'I use the loose parts, every day.' More choice and opportunities to engage in more challenging activities could be offered to children with activities put out by staff. For example, the art table had limited resources to be creative and children told us, 'You have to ask for glue, and the sellotapes barely out' and 'Look these brushes, they're too thick for this kind of paint.' Following some feedback to staff, on our second visit, resources had improved, and children proudly showed us their art creations.

Planning approaches were centred around children's thoughts and wishes, which resulted in staff providing some experiences that supported children to develop and progress. However, there was scope to further develop planning in collaboration with children. We highlighted how they could gather ideas and topics of interests from the children and use the floor book to evidence what children know and what they would like to learn. This would help support staff further in empowering children to lead their own play and learning.

Staff interactions with children were fun and at the appropriate times. However, they did not consistently use effective questioning to empower children to think and problem solve for themselves. We directed staff to some resources on Play work practice and principles to support them with this.

Children had identified a skill they wished to learn while attending the club. There was no tracking system in place to identify how skills and children's progression would be monitored. The staff had agreed they would create a display for families to celebrate when children had successfully achieved their skill. However, we found the pace of change to be slow and it had been sometime since this was agreed and the display had not been created. Staff should develop a system to monitor how play experiences will support children to achieve their identified skill and celebrate them with families (See area for improvement 1).

A real strength of the service was children's participation in local events and visitors to the setting. This approach ensured children developed positive connections to their local and wider communities. For example, they had lessons on self-defence, helped improve the school garden, enjoyed football training from a local club and helped raise money for a local food bank. This resulted in children being very well supported to feel included, develop lifelong skills and connected to their communities.

Areas for improvement

1. Children's medical needs should be managed safely and effectively. The provider should at a minimum ensure:

a) Medical protocols are in place for children who require them
b) Staff are undertaking regular audits and checks of medication kept in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. Children's progress and development with their chosen skill, should be monitored and tracked to support them to achieve. The manager and staff should develop a system to monitor children's progression with their chosen skill. Successes and achievements should be shared with families.

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

How good is our setting? 4 - Good

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

2.2. Children experience high quality facilities

Children experienced a setting which was clean, safe and welcoming. Children were cared for in a large gym hall within the school. Children moved confidently around the hall and engaged well in their chosen activity. We highlighted to staff ways in which they could create a more homely feel through warm lighting, which staff were keen to take forward. Despite the setting being shared the children had a sense of ownership as their artwork was respectfully displayed. Children had created a 'Behaviour towards others poster,' their comments included, 'Be kind,' 'Pleases and thank you' and 'Help others.' This reminded children how they should treat each other and contributed to the fun, caring and respectful environment.

On both visits, at times, we found the noise level in the hall to be quite high. For example, staff would shout down the hall to attract other staff members attention and children shouted at each other when playing in certain play spaces. We highlighted to staff how noise levels could be reduced. For example, gathering the children together when voting on snack choices and reminding them to use quieter voices when playing in small groups. The manager agreed to use their quality assurance process to identify how noise levels could be reduced and improved.

Children were offered an area with beanbags and cushions to rest and relax, however, this was not always used purposefully by children. They told us 'It's hard to read in there' and 'It's not really a quiet area, it's still noisy.' On our second visit, a large wooden arch was out, and children covered it in blankets to make a den. We asked staff to consider how this type of structure could be used daily to create a cosier, quieter, and more comfortable space for children.

Children did not have free flow access to the outdoors; however, this was managed very well. Staff communicated with radios which enabled children to decide where they played. Children confidently showed us the outdoor area, and a big bag of outdoor resources which provided them with choice. They told us they liked to visit the fairy garden and climb trees, as these were areas they could not play in during school. Children were empowered to use other school facilities which engaged them in physical and active play.

Staff implemented infection, prevention, and control routines to minimise the potential spread of infection. The hall and resources were clean. Children were confident in washing their hands after playing outside and before mealtimes. Established routines meant children were supported to be healthy.

Children and families privacy was protected by the safe storage of their information, including electronic and paper files.

How good is our leadership? 4 - Good

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

3.1. Quality assurance and improvement are led well

Leaders were visible. Staff told us they were approachable, and valued and respected their views. One staff member told us 'We are a fantastic team'.

The Vision, values and aims of the service had been reviewed in collaboration with children and families. This helps promote a shared understanding of expectations and the values of the club. We asked the service to review their mission statement to ensure they were meeting it is aims following observations made during this inspection.

Realistic improvement plans reflected current priorities in the setting and supported staff to have clear, and achievable goals. Improvement planning was progressing well, and developments were improving outcomes. For example, snack time had been a priority, and links to the community, both of which were providing children with high quality experiences. In other areas of improvement planning the pace of change was slow. The service could now consider streamlining their action plans and self-evaluation systems with more specific details about how they plan to achieve improvements with focused next steps. Additionally, self-evaluation work aligned with the Care Inspectorates, 'A quality framework for daycare of children, childminding and school-aged childcare' could be reduced to help sustain improvements and ensure a culture of continuous improvements. We directed the staff to best practice guidance 'Self-evaluation for improvement - your guide' to assist them with this.

Quality assurance processes were starting to have a positive impact on improving outcomes. To ensure aspects of quality care and support is not overlooked, as identified within this report, the manager could enhance their monitoring and revisit actions identified to ensure improvements are being continually made.

Children and families were asked their views on improvements through a 'Question of the month' system. However, half of the families that responded to our questionnaire did not feel meaningfully involved in service developments. Their comments included 'I don't feel involved in this,' 'Not been involved but I have not made effort to be, and we have had no need to be more involved' and 'I don't have any input which is fine.' 'We highlighted ways in which staff could inform families better on how their contributions were influencing positive change within the service.

How good is our staff team? 4 - Good

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

4.3. Staff deployment

Staff had a good mix of skills, and experience to meet children's needs. Most staff were able to confidently discuss training they had attended and were knowledgeable on best practice guidance and how they used this to provide good outcomes for children. As a result, children were happy and confident in their environment.

Staffing levels met with minimum requirements and staff deployment ensured children were always well supervised. We observed staff regularly undertake headcounts of children and they communicated with radios to ensure children were always accounted for and staff knew where they were. However, on a few occasions, staff deployment was not consistently effective in supporting children and families. For example, when tasks took staff away from their responsibilities and at other times as identified within this report. The manager agreed to undertake regular monitoring of staff deployment to help staff ensure they were fully supporting children and families during busier times of the club session.

Families were kept informed of who was caring for their children. Information about staff, including their interests was attractively displayed in the entrance of the service and a termly newsletter's introduced new members of staff to families. These approaches helped families become familiar with staff caring for their children.

Staff engaged well with us during the inspection, they spoke of the positive working relationships they had built and told us they felt supported and respected by leaders and each other. Most staff were reflective practitioners, they met regularly with each other, and with other managers and supervisors from other local kids' clubs. This helped them engage in professional discussions, provided support, and enabled them to share best practice. We highlighted to staff that they should always revisit identified actions from previous meetings. This would help improvements identified not to be overlooked and would further support a culture of continuous improvement.

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 service should ensure that the personal information kept on each child is reviewed with parents once every six months, or more often as necessary. This is to include the all about me information necessary to support the health and wellbeing of all of the children.

National Care Standards Early Education and Childcare up to the age of 16, Standard 3: Health and Wellbeing, Standard 6: Support and Development and Standard 14: Well-Managed Service.

This area for improvement was made on 20 February 2018.

Action taken since then

Each child had a personal plan in place which was reviewed on a termly basis in collaboration with children and families. Plans contained informative information on children's likes dislikes and preferences. Children had also identified a skill they would like to learn while at the club. We suggested staff consider using the wellbeing indicators and incorporating aspects of the UNCRC into planning which could provide a more holistic view of the child.

This 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?	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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