KRU KLUB
Day Care of Children

East Craigs Primary School
79 Craigmount Brae
Edinburgh
EH12 8XF

Telephone: 07496 688 327

Type of inspection:
Unannounced

Completed on:
30 March 2023

Service provided by:
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Service provider number:
SP2010979304

Service no:
CS2017355023

About the service

KruKlub is registered to provide a care service to a maximum of 45 children attending primary school. The service provides before school, after school and holiday care.

Care is provided from the dining hall within East Craig's Primary School, Edinburgh. The service also has access to the gym hall, library and a large outdoor space, which includes school static equipment.

The service is close to a quiet residential estate, transport links, schools and local amenities.

About the inspection

This was an unannounced inspection which took place on Wednesday 22 March 2023 between 14:30 and 17:45. Further inspection activity took place remotely and we provided feedback to the provider on 30 March 2023. 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 most children using the service and nine of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced kind and caring interactions, helping them to feel safe, valued and loved.
- Children were happy, settled and engaged in play activities.
- Families commented positively on the service and felt their children experienced good care.
- Staff worked well together as a team, creating a positive ethos within the service.
- Snack times could be reviewed to support children's independence skills.
- Medication processes should be reviewed to reflect current guidance.

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.

1.1. Nurturing care and support

Children were happy and settled in the service. They were developing friendships with peers and having fun together. Children told us they enjoyed attending the service and were happy with the play opportunities available to them. Children commented "there's lots of toys and games here to play with" and "I love KruKlub, as I get to play with my friends."

Children experienced nurturing care and support from staff who took time to listen and respond to their needs and wishes. This supported children to feel valued and respected. Parents told us staff knew their children well and supported their needs and interest. One parent told us "the club know me and my child well. I feel they support and encourage him when required."

Children had snack immediately on arrival to the service. Staff should use snack time as an opportunity to sit with children and have conversations to encourage and promote language and social skills. Further opportunities should also be available to children to be more involved in the preparation of snacks to develop life skills.

Staff knew children well and confidently discussed individual personalities and needs. They had worked in partnership with children to gather information about their current needs, interest, and goals. Staff used praise and encouragement to support children in a meaningful way and the use of an achievement wall enabled successes to be celebrated which develops confidence and emotional wellbeing. The service should look at ways to further develop this to support children's emotional wellbeing.

Personal plans were in place for children. Staff worked closely with families to gather a range of information which supported children's health and safety needs. This included medical requirements, allergy information and emergency contact details. One parent told us "they keep in regular contact with parents to ensure that they understand the needs of young people." Personal plan should be further developed to reflect strategies and next steps to support children's needs and development. These should include wellbeing indicators from Scottish Government guidance, Getting it Right for Every Child (GIRFEC).

Where children had identified medical needs, staff were aware of what this was and how it should be managed. However, we found that medication procedures required to be reviewed and improved to ensure best practice in administration and managing medication, including the storage of medication. The service immediately addressed this during the inspection. Further improvement is required to ensure the health and safety of children at all times. An audit of medication stored within the setting, should be developed to ensure an accurate record of medication stored on premises. (See Area for Improvement 1).

Children were safe and protected from harm with clear policies and procedures in place in relation to child protection. Staff understood the role they played in this and had undertaken training to support them in their role. Overall, robust protection processes were in place and we were confident the service would respond correctly to any concerns about a child.

1.3 Play and learning

Children had developed positive peer relationships and laughter, chatting and joy was felt within the service. When children arrived from school, they were keen to engage with toys and materials straight away. One child told us "I like sports, we get to play dodgeball and do gymnastics."

Staff listened to children and encouraged conversations to support play. However this wasn't always consistent. Further training to support staff's interactions would enhance learning, through skilful questioning, extending children's thinking and learning. Staff should continue to develop their skills and confidence in extending children's learning through meaningful conversations.

Children were mostly engaged in purposeful activities. They confidently explored the spaces and resources available to them. Staff recognised when children were not engaged and reacted to this appropriately. For example, one child was watching a group of children engage in races down the hill using the didicars. A staff member invited the child to join in, supporting children to develop and maintain friendships and take turns, creating an inclusive and respectful ethos.

Planning approaches were a balance of intentional and responsive, centred around individual interests of the children. Floor book planning formats reflected the range of activities children had experienced after school and we saw photographs of some experiences that were shared with parents through a private Whatsapp group. However, we found that further improvements were needed to the quality of the weekly planning evaluations.

Staff should undertake a robust evaluation of learning which identifies new skills learned and next steps for children. This will ensure all children are fully supported to reach their potential.

Areas for improvement

1. The provider, manager and staff should ensure children's health and safety in relation to safe storage and administration of medication. In order to achieve this, the provider should review best practice guidance; 'Management of Medication in Daycare of Children and Childminding Services' and ensure action taken includes, but is not limited to;

(a) ensure all medication is stored safely, and staff can quickly locate medication and appropriate consent and dosage instructions,
(b) ensure risk assessments are implemented that detail all considered risks and mitigations for children requiring emergency medication; and
(c) ensure effective quality assurance processes are in place and monitored by management to ensure the safe management of medication.

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

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.

2.2 Children experience high quality facilities

A safe, welcoming and organised environment had been created for children. This was bright, clean and well ventilated. Children had access to a spacious area where they had room to move, play and socialise with their peers.

Children benefitted from a warm, inviting play space with areas to rest and relax. For example, a large tepee, rug and soft lights provided a quiet space for children to relax and spend time alone. The service had plans to develop quiet space outdoors we agree these would be beneficial in supporting children's wellbeing. In addition, further spaces for children to explore sensory play would further enhance children's play experiences.

Rugs on the floor provided comfort during floor play and resources were well organised and easily accessible to children. This supported their choice and independence. We discussed with the service approaches to ensure all children are involved in selecting resources.

A range of play activities had been offered to children within the service and within the local community during school holidays. This offered children the opportunity to develop understanding and make sense of the world around them. However, play experiences could be further developed with the offering of natural and open-ended materials on a daily basis. This would support children to develop their imagination and critical thinking skills.

Staff carried out visual checks of the environment daily and risk assessed all areas of play 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. Further information was to be added to these forms to take into account additional safety measures. For example, actions to be followed in event of the mini bus breaking down.

Infection prevention and control measures were in place. Handwashing routines took place at relevant times throughout the session. For example, cleaning of surfaces took place before and after food was served. This helped reduce the potential spread of infections.

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.

3.1 Quality assurance and improvement is well led

Children and families benefitted from a service that recognised and valued their involvement. Verbal discussion and emails provided opportunities for responsive feedback and parents told us they were regularly consulted by questionnaires to gather their opinions of the service. The service should continue to develop this approach recording the impacts it has had on the service and share this with parents.

Families spoke positively of the regular service updates they received through social media, emails, texts and daily verbal communication. This approach helped families feel included in their children's daily experiences. One parent told us "they produce newsletters to give information and we are also informed of staff changes."

Effective communication and positive relationships between staff and management meant all staff were kept informed about what was happening in the service. This helped to ensure staff remained knowledgeable about their roles and responsibilities.

The staff team met on a regular basis to discuss children's experiences and we observed staff consulting with children throughout their session acting on their ideas for play. To support meaningful reflections, staff and management should make use of best practice documents to help support meeting children's needs and interests.

The pupil council enabled children to have some influence on service delivery. The role of the pupil council should be further improved to empower children with ownership within the service and to ensure where children's views have been sought this consistently leads to improvement. For example, creating a floorbook which records - documenting their meetings, links to improvement plan.

There had been recent changes to the staff team and the provider recognised the importance of ensuring staff were safely recruited. Staff recruitment was reflective of best practice guidance and helped ensure people were safe to work with children.

Some quality assurance processes were in place, including a clear improvement plan. The management team and staff were reflective of their practice and were keen to make changes to ensure positive outcomes for children. As a result, we are confident that the service was well placed to continue to develop practice with a focus on improving outcomes for children. This should include developing systems to ensure all quality assurance process are being documented.

We found that there was not a process in place for monitoring staff practice. The management team should develop and implement a system for monitoring the quality of the service, this should include developing a monitoring calendar which identifies actions to be undertaking by management and staff. This will enable reflective discussion to support continuous improvement.

To promote improvement and continued quality of play and learning, staff could further develop their knowledge and understanding of child development and relevant guidance documents; for example 'The Playwork Principles', 'My Active World', 'Out to Play' and 'Our Creative Journey.'

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.

4.3 Staff deployment

Children enjoyed warm, nurturing care from the responsive staff team. Strong relationships were established with all staff due to positive engagement from staff who were genuinely interested in and knew children well. Children told us "the teachers listen to me" and "we like the teachers, they are kind and respectful."

Staff were deployed appropriately throughout the service, which ensured children were safe and cared for. Staff moved fluidly in response to children's needs and requests.

During outdoor play, staff discussed boundaries with children when using wide open spaces and maintained a good overview. This contributed to children remaining safe. However, consideration should be given to use of sensory garden to ensure children are supervised at all times.

Staff communicated well with each other and the use of walkie talkies ensured tasks were carried out without any disruption to children. Staff presented as happy in their work, were respectful towards each other, flexibly working together as needed. This contributed to creating a nurturing space for children.

However, there were points throughout the day when staff were task orientated, which impacted on meaningful interactions with children. For example, when preparing snack and setting up resources when children arrived.

Staff had a good understanding of how to support children's varied developmental stages and were mostly enthusiastic in their approaches when joining play experiences. Children told us that they enjoyed attending the service, staff were friendly and that the staff took care of them. Parents agreed, commenting "I have the strong impression they really know and understand my child" and "the children feel loved and cared for."

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 ensure the safety and wellbeing of children, systems should be further developed to document and clearly demonstrate that safer recruitment processes have been carried out prior to employment.

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

This area for improvement was made on 30 April 2019.

Action taken since then

Systems had been developed including the staff files and staff induction information. The service had demonstrated safe staffing ensuring all relevant process had been completed and recorded before staff commenced their employment within the service.

This area for improvement has been meet.

Previous area for improvement 2

To improve upon outcomes for children, further quality assurance systems should be developed to assess the quality of the provision in line with best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 4.19 which states I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 30 April 2019.

Action taken since then

Quality assurance processes were in place to support the assessment of the provision. An improvement plan was in place to demonstrate the development and action planned for the service. The service had also implemented audits of practice. There was scope for further improvements which are detailed within the body of this report.

This area for improvement has been meet.

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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