Inchture Wraparound Childcare
Day Care of Children

Inchture Primary School
Inchture
Perth
PH14 9RN

Telephone: 07763937645

Type of inspection:
Unannounced

Completed on:
21 January 2025

Service provided by:
Inchture Wraparound Childcare Ltd

Service provider number:
SP2023000233

Service no:
CS2023000351

About the service

Inchture Wraparound Childcare is in Inchture, Perth and Kinross. The service is registered to provide school-aged childcare to a maximum of 35 children. Where children attending are aged three years and over, the staff to child ratios will be 1:8, if they attend more than four hours per day, or 1:10 if less than four hours. If all children are over eight years old the ratio will be 1:10. The service operates within Inchture Primary School and children have access to a cloakroom, dining hall, adjoining classroom space, toilets and an enclosed playground area.

The service is based in a residential area in Inchture and is close to shops, parks, and other amenities.

About the inspection

This was an unannounced inspection which took place on 20 January 2025 between 14:45 and 17:45 and 21 January 2025 between 14:20 and 16:45. Feedback was shared with the service on 21 January 2025. 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:

- observed practice and daily life
- spoke with staff and management
- spoke with children
- reviewed documents
- gathered the views of seven families through MS Forms.

Key messages

• Children were engaged and had fun as they played with their friends and staff.

• Families were warmly welcomed and felt valued in the service.

• A balance of planned and spontaneous experiences supported children to play and learn.

• The service should review daily opportunities to develop children's imagination, curiosity and creative minds, for example loose parts play.

• A quality assurance calendar should be introduced and self-evaluation processes should continue to be embedded to support improvements.

• The provider must ensure that staff are registered with the appropriate body within the required timescale and this does not lapse.

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 1.1: Nurturing care and support

Children were happy, settled and having fun with their friends and staff. Positive relationships had been formed and this helped to support children's emotional wellbeing. A parent shared, 'The staff at the club are all very friendly and it is evident that they care about my children and enjoy spending time with them'. This was supported by children, who told us that they enjoyed being at club and spending time with their friends. This meant that children felt safe and secure.

Interactions between staff and children were mostly kind and nurturing. On occasion, some children did not always experience warm and caring interactions. We encouraged the service to ensure children's rights were always respected throughout the session. To promote children's rights, the service should ensure that interactions are consistently nurturing and respectful **(see area for improvement 1)**.

Personal plans were in place and these were reviewed with families, in line with legislation. Updates were recorded which ensured that staff had the correct information. Children were given ownership of creating their own 'All about me' information where they shared their likes and dislikes. These should be updated along with personal plan information, at least every six months. This would ensure staff had up to date information to meet children's needs.

Staff knew children well and could talk about strategies used to support them. They had established good links with the school and shared information with each other. Where additional strategies were identified for children, we asked that the service develop formal methods to support these. This would ensure that children's wellbeing was fully supported and their needs were consistently met.

Snack was a calm and sociable experience for children, where they were introduced to a range of foods. Staff mostly sat with children, as they ate which helped to maintain their safety. They were aware of when children left the table whilst eating and helped them to make safe choices. This helped to reduce their risk of choking. Children told us that they did not usually get to help to prepare snack. We suggested that children could be more involved in snack preparation. This would provide opportunities to develop their independence and life skills.

Safeguarding training enabled staff to confidently share their role in relation to child protection. They could identify indicators that may suggest a child was at risk of harm and knew who to report concerns to. This contributed to keeping children safe.

There were currently no children for whom the club held medication. We made some suggestions to the information gathered regarding children's medical needs. For example, information about the signs and symptoms, where medication is required, should be more detailed. Medication information should be reviewed at least every three months or as children's needs change. This would ensure that children receive the right medical care to meet their needs.

Quality Indicator 1.3: Play and learning

Children were able to make independent choices and lead their play without interruption. Staff played with children at the games table and promoted opportunities for conversation and turn taking. Whilst playing a game, one child said, 'I have a brick house. It is nice and safe'. Staff helped children to understand about fairness during the game as they said, 'I will blow down your house this time as I blew down theirs last time'. This helped children to develop their awareness of others and turn taking.

Children had free flow access to the outside environment, which was managed using staff walkie talkies. Children used the Muga to play football and explored their physical skills on skateboards and scooters. One child asked for help to secure their helmet as it was 'too wobbly' on their head. This demonstrated that children were aware of their own safety.

Outside, children used a ramp to move faster whilst on the scooters and skateboard. They were able to manage their own risks confidently. Staff could further enable children to manage their risks, by considering their use of language to promote this. For example, the use of the word 'careful,' when empowering children to take and manage risks independently.

Language and literacy were promoted as staff sat and read books with children. Staff spoke about different dialects used across towns when reading a comic. Children continued this experience and one child commented, 'I am going to read this like a Dundonian'. The children shared the comic around the group, taking turns to become different characters. This demonstrated that literacy experiences were meaningful and interesting.

Observations were recorded in children's journals. These were linked to the wellbeing indicators and children's voice was evident throughout. The manager had plans to share these journals with families. This would enable families to share in their children's experiences.

There was a balance of adult planned and spontaneous experiences to support children's play and learning. Staff were responsible on a weekly basis to plan and evaluate activities. For example, at snack children experienced different cheeses to recognise 'National cheese day'. Staff understood the importance of children's choice whilst offering planned activities for them to explore. We suggested that planning could be improved to involve the children. The service had identified this on their improvement plan and we would support this. This would give children responsibility and ownership of their experiences in the club.

Areas for improvement

1. To promote children's rights, the service should ensure that interactions are consistently nurturing and respectful.

This should include, but is not limited to, developing sensitive and compassionate responses to children's actions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

How good is our setting? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

A bright, warm and welcoming environment had been created. Children had ample space to move around and make choices about where to play. They had access to a large dining hall, sofa, sensory tent and outdoor space. They had places to store their belongings and furniture was of an appropriate size. Some thought had been given to creating comfortable spaces for children, who may wish to relax or participate in quieter activities. The 'chill out' den was used well by older children, who were able to focus on their chosen activities, with their friends. This meant that children had access to spaces which met their needs.

Resources and equipment were well maintained and organised to enable children to develop respect for their chosen activities. Younger children would benefit from the club reviewing opportunities for role play and loose parts play. We highlighted the 'Loose Parts Toolkit' to support the service to review children's experience of these. This would provide opportunities for children to develop their imagination, creativity and problem-solving skills **(see area for improvement 1)**.

Children benefitted from daily energetic play after their school day and had free-flow access to an enclosed outdoor space. They wore Hi-Viz jackets whilst outside to maintain their safety and ensure both children and staff were visible in the darker months. Children could choose to play in the Muga, on the trim trail or use skateboards and scooters. A parent shared, 'The playground is always an option for my child to play in if they choose'. As a result, children's wellbeing was supported as they had access to fresh air and exercise.

Children's safety was maintained, as they accessed a secure area within the school building and staff kept effective registers. Families arriving at the service pressed a buzzer to gain access to the building and a staff member welcomed them in. Spaces were visually risk assessed by staff before children arrived, to ensure there were no risks or hazards. Risk assessments were in place and these were reviewed annually. This ensured children's safety was maintained.

Children were cared for in a clean and tidy space. Children and staff washed their hands at regular intervals, including before snack. As a result, effective infection prevention and control measures reduced the risk of any spread of infection.

Areas for improvement

1. To ensure children experience high quality play and learning, staff should review opportunities for loose parts play and role play, to develop children's creativity, curiosity and imaginations.

This should include, but is not limited to:

- reviewing loose parts play provision to reflect children's current interests
- providing daily opportunities for role play and small world play
- developing staff understanding of the 'Loose parts play toolkit'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

How good is our leadership? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 3.1: Quality assurance and improvement are led well

Families and children's views were effective when supporting the improvement of the service. A parent commented, 'Laura leads by example and works hard to establish good working relationships with parents and children'. Actions had been identified from recent questionnaires and these were used to develop the service. For example, the introduction of the keyworker system. We suggested methods the service could implement to feedback any actions taken in response to questionnaires. This would ensure that families continued to feel listened to.

The manager was relatively new to the service and had created a vision and aims at the start of their journey in the club. They recognised that these would now need to be reviewed. We suggested seeking the views of staff, children and families in this review. As a result, people involved in the service would be meaningfully consulted in establishing the club ethos.

Team meetings took place formally every term and these provided an opportunity for staff to discuss a range of topics. Informal catch ups or 'daily huddle/cuddles' took place to reflect on the experiences for children. This provided staff the opportunity to reflect and identify improvements.

There were some systems in place which had recently been developed to support continuous improvement. These were at the early stages of development and required time to become embedded. For example, some audits to ensure that all staff were registered with the appropriate professional body were not yet embedded or effective. We asked the manager to continue with their plans to ensure quality assurance systems are manageable. This would support sustained positive experiences for children **(see area for improvement 1)**.

The service was in the early stages of developing an improvement plan. A parent commented, 'I am so impressed with the developments Laura has made since taking over the running of the club. She has implemented so many positive changes and I see so many happy children'. Aims and actions had been identified, however we highlighted that these could be reviewed, to ensure they were meaningful to improving outcomes for children. Dates and evaluations of these aims would enable the manager to measure the impact on the service. Staff would benefit from developing their understanding and involvement within the improvement plan. This would help to ensure improvements were effective and embedded, to improve outcomes for children and families **(see area for improvement 1)**.

Staff had recently reviewed the snack provision in line with the updated 'Setting the Table' guidance, which had positively impacted healthy food options. The manager shared plans to review the Care Inspectorate document, 'A quality framework for daycare of children, childminding and school-aged childcare' with the team. This would provide further opportunities for staff to reflect on and evaluate, using best practice documentation.

All relevant policies were in place and reflected the service provided. We made some suggestions to the lost child policy to ensure it followed best practice. The service could consider adding links to best practice within their policies. This would support reviews, moving forward, to ensure they were in line with best practice.

New staff were supported to complete an induction checklist over a four-week period. We suggested that the manager review the 'National Induction Toolkit' to further support this process. This would provide the manager and staff opportunities to revisit skills, knowledge and training required. This would further promote positive outcomes for children **(see area for improvement 1)**.

Areas for improvement

1. To ensure children experience sustained quality care and continued improvement, the provider should implement effective, robust and manageable quality assurance systems.

This should include but is not limited to:

a) ensure that all staff are registered with the appropriate professional body within the agreed timescales
b) review and implement the National Induction Toolkit to support new and existing staff knowledge and skills
c) implement a quality assurance calendar that impacts the effective management of the service.

This is to ensure that 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).

How good is our staff team? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 4.3: Staff deployment

Children and families benefitted from a team that worked well together and enjoyed their work. Staff spoke passionately about their experience of working within the club, the children and being part of the small community. A parent commented positively on, 'Staff and their commitment to making the service fun for the children'. This created a welcoming and warm ethos.

Families were welcomed into the service and staff took time to talk with them about how their child's session had been. They knew families well and as a result, positive relationships had been established. Families spoken to praised the service and felt they worked well together. This demonstrated that families felt valued.

The service benefitted from a full staff team to meet the needs of children. Staff deployment was mostly effective to ensure continuity of care and support. Regular headcounts helped to keep children safe. At times, when outdoors, we found that staff would benefit from improving their awareness of the whole space. Walkie talkies were mostly used well to communicate, as children entered and left spaces. For example, walkie talkies were not always used to inform staff they were going to the shed outside or when a child came inside to the toilet. A better awareness of the space used would ensure children's safety was maintained.

There was a mix of skills and abilities across the staff team. They were keen to continue to develop their practice and shared with us the recent training they had attended. The manager worked with staff to identify appropriate training for them to participate in. Staff spoke positively about feeling supported in their role to develop their skills and knowledge to enhance the children's play experiences. This demonstrated that staff were proactive in creating positive outcomes for children.

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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