

Lauder Out of School Club Day Care of Children

Lauder Primary School
Allanbank Gardens
Lauder
TD2 6AD

Telephone: 01578 722 066

Type of inspection:
Unannounced

Completed on:
23 June 2025

Service provided by:
Lauder Out of School Club, a SCIO

Service provider number:
SP2014012375

Service no:
CS2014332386

About the service

Lauder Out of School Club is registered to provide a care service to a maximum of 53 children at any one time aged from three years to S1. Of those 53 children no more than 10 are aged three to four years.

Care may be provided to a maximum of 20 children of primary school age at any one time within the Lauder Sports Pavilion, Recreation Ground, Castle Rigg, Manse Road, Lauder. When using these premises, no care will be provided from Lauder Primary School Premises.

The club operates from Lauder Primary School. They have use of a hall which can be extended to use an additional gym hall space when it is available. The club has access to a secure outdoor play area and multi sports games area.

About the inspection

This was an unannounced inspection which took place on 16 June 2025 between 14:30 and 17:45 and on 17 June 2025 between 14:30 and 17:30. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children using the service;
- considered feedback from 11 families through an online questionnaire;
- considered feedback from two staff through an online questionnaire;
- observed practice and daily life;
- reviewed documents relating to the care of children and the management of the service.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how service supports 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 were cared for by staff who showed responsive, warm and caring interactions.
- Personal plans could be strengthened further to reflect children's ongoing individual needs.
- The setting had a happy atmosphere where children of all ages were engaged in play activities of their choice.
- Observations of play and planning approaches could be further developed to record the children's ideas and interests.
- The sensitively structured play environment took account of children's stages of development and the resources available offered freedom of choice.
- Quality assurance and self-evaluation processes were developing. Moving forward the service should develop an improvement plan to continue to develop outcomes for children.
- The staff routinely engaged in a range of professional learning that built on and sustained their practice.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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.

Quality Indicator: 1.1 Nurturing care and support

Children were cared for by staff who showed responsive, warm and caring interactions. One family told us, "The staff are very attentive and interact with the children". Staff were responsive to individual children and support was provided when needed. Staff listened to children and responded to their needs, wishes and choices. This welcoming environment encouraged social connections with friends and created a happy and trusting environment for children.

Children experienced a nutritious and sociable snack that was unhurried. Staff had reviewed and made improvements to the menus and snack experience using best practice documents. They had consulted families and children and made adaptations in response to feedback. One family told us, "There's always a healthy supply of snacks, my child regularly comes home saying they don't need a snack and that they had a variety of fruit and veg, some I didn't even know they tried". The service shared menus with children, however, some families told us that they didn't always know what was on offer for snack. The service could further consider how they share menus with families. Children were familiar with the snack routine and independence was promoted through self-serving and clearing of plates. Staff prepared snack which meant children's right to choose was limited. Therefore, the service should consider how children can be involved in the preparation of snacks. Staff were available to support children with the self-serving of snack. The service should ensure staff sit with children when they are eating. This would ensure staff supervise and meaningfully engage with children during snack.

Staff had a good understanding of children's health needs. To ensure safety, staff discussed allergies at their team meeting prior to each session. Allergies were well recorded through the online app, however, we found that within the hall they could be recorded more clearly for staff to refer to. Medication was well documented, all stored appropriately, and paperwork was in place. We discussed how the service could further develop flow charts to support staff to know what to do in an emergency if a medication did not work. Administration of medication was carefully audited in accordance with current guidance. This ensured children's wellbeing and safety.

Children had a personal plan in place. These included relevant information that was created and reviewed with the children. Children who required additional support had support plans in place and these were being reviewed regularly. A parent stated, "We feel staff have been great at adopting strategies to support our child". Staff knew individual children's care routines and interests; however, this information was not always recorded in their plans. Staff should review the personal plans to include, clear records of how children's wellbeing needs were being supported and planned for within the service. These should be reviewed with families every six months or sooner if there is a change in a child's circumstances or wellbeing. The Care Inspectorate 'Guide for providers on personal planning, Early learning and childcare (2021)' would support the service to develop these and we have made an area for improvement on this (**See area for improvement 1**).

Children were safe from harm because staff knew their roles and responsibilities around safeguarding. A child protection policy and procedure was in place. There was a designated child protection officer and staff

had received training. This ensured staff knew how to respond to concerns about a child and contributed to children being safeguarded.

Quality Indicator: 1.3 Play and Learning

The setting had a happy atmosphere where children of all ages were engaged in play activities of their choice. Children were confident in the environment and had fun through a variety of play, learning and development opportunities which promoted their choice, wellbeing and imagination. A wide range of experiences indoors were available, including loom bands, lego, stickle bricks, hula hoops, games, role play areas, puzzles and drawing. As soon as snack was finished outdoors was opened. We asked the service to consider the routine to explore whether the outdoors could be accessible earlier to further promote choice for children. When asked what families like about the service, one family told us, "We enjoy the different activities that they get to do. The craft activities are their favourite. They enjoy the freedom that they have to be able to play with toys and also to be able to do physical activities such as playing football and lots of running. They also enjoy being able to go on outings too". We agreed that the wide variety of spaces and resources on offer provided quality play and development experiences.

Children showed us outdoors where there was a variety of experiences that they enjoyed. This included ride on toys, a multi-use court available with balls games and the sloped grass area next to the woods to explore. Some children also brought in their own bikes to play on which promoted their choice and physical skills. Children were excited to share with us the type of experiences they enjoyed and they told us, "You can play anything you want". The outdoor experiences created opportunities for children to run, play and explore, promoting their wellbeing.

An on-line app showed some observations of the activities children had been involved in during the holiday club. Children told us, "Holiday clubs are where we have a water fights, bouncy castles and an animal man came with a turtle once, it is so much fun. I am sad because I am going to France for three weeks so won't be at holiday club". One family commented, "I don't get a lot of feedback about what my child has been doing, but interactions are positive and friendly". Moving forward the service should further develop observations of children's play and learning and consider how this is shared with families.

The service was in the early stages of developing planning approaches. Children were regularly consulted, and a children's committee had been formed to discuss what they wanted to do in the club. A suggestion box allowed children to share their ideas and staff used these as a basis for planning. Staff recorded one activity, but this gave little opportunity for children to comment or record their ideas and interests. The service should further develop their approach to observing play and recording planning approaches to capture the children's ideas and interests so they can offer extensions to play experiences. For example, using floor books, responsive planning and mind maps will help children express their ideas and want to learn more about topics of interest to them. This will contribute to children feeling included and challenged to achieve.

Staff spoke positively about the connections they have with the small rural community around them. Children told us, "We also go to the park, its right next door". The service had been on visits to the local fire station and bowling club. They invited police and train drivers into the club to talk with the children. They often used school grounds for games or visited local woods. The regular walks and visits in the local community helped children develop a sense of community and the world around them.

Areas for improvement

1. To support children's overall wellbeing, the system for personal planning should be developed, maintained and include monitored support strategies for children who need them. These should be reviewed with families every six months or sooner if there is a change in a child's circumstances or wellbeing. This would ensure children's changing needs were reflected and that personal plans adhere to current practice guidance.

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).

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator: 2.2 children experience high quality facilities.

The club was provided from the dining hall within the school. When available they also had use of the gym hall which was joined to the dining hall space with a partitioning wall. The setting was warm, welcoming with a variety of comfortable spaces for children to play, rest and relax. Children had boxes to store their belongings and had freedom of choice for where to play. There was plenty of natural light and good ventilation. Children's voice and achievements were displayed for everyone to see through the children's committee board, this sent a message to children that they mattered.

Sensitively structured play environments took account of children's stages of development and the resources available offered freedom of choice. Staff worked hard to make the most of the space available and created welcoming and inviting play areas within the indoor environment, such as a role play home area. Direct access to the well-equipped outdoor playground where children could run and be physically active on the multi sports pitch or play on wheeled toys were available throughout most of the session. We observed children move freely between the indoor and outdoor space. As a result, children were motivated, engaged, confident and having fun in the environment.

Opportunities for rest and relaxation were well considered in the environment. The service had developed spaces such as a cosy areas to watch tv or read books with blankets and cushions. Most play areas were made to feel relaxing through the use of cosy rugs. Children also had a 'calming tent' which they could access if they wanted some time alone. As a result, of the spaces created in the environment children's health and wellbeing needs were being met.

Overall environmental risk assessments effectively contributed to children's safety. Checklists and staff responsibilities ensured a safe environment for children to play. Children developed a fire evacuation plan and knew the boundaries of the environment well. Children told us, "We are not allowed past the cones" in the outdoor space. Staff collaborated effectively to identify and remove risks across the service. Staff communicated well across spaces to ensure children were accounted for. As a result, children's activities were not compromised, and they were supported to enjoy challenging, fun play experiences in a safe environment.

Accidents and Incidents were recorded appropriately with details of the first aid given. These were audited to identify any recurrent themes which helped keep children safe. Accident reports were sent directly to families through the online app. Whilst we found that most accident reports had been acknowledged by families some had not. The service should now ensure they continue to follow this up to ensure families have received the report of any accident or incident. Moving forward the service should develop their quality assurance audits to include checks on whether all families had acknowledged accident reports. This will be included in an area for improvement within 'How good is our leadership' within this report.

Children's health and wellbeing was supported as robust infection control and maintenance practices were in place. This included supervised handwashing and children being reminded to wash hands at key times. The setting was clean and maintained well. Staff were confident in reporting procedures. A maintenance book was in place to ensure any issues were reported and acted upon accordingly. As a result, children's safety and health and wellbeing was promoted.

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.

Quality Indicator: 3.1 Quality assurance and improvement are well led.

We recognised the period of change the service have been through in relation to the challenges they faced in recruiting a permanent manager within the service. The service continued to advertise the vacancy through a variety of platforms. In the interim the service had promoted staff inhouse to cover management positions whilst the recruitment remained ongoing. The current interim manager and staff were committed to providing positive outcomes for children through their journey of continuous improvement. The interim manager was friendly, approachable and engaged well with the inspection process. They were receptive to feedback and willing to make improvements to ensure good outcomes for children and families. Staff told us they felt supported by leaders and could approach them if they needed help or support. This created a positive working environment and motivated staff to provide quality care to children and their families.

The service promoted aims and objectives for the setting through the sharing of their policy pack with families and staff. The service had a clear aim which included 'the club will provide a balanced range of activities, taking account of the ages, development needs, interests, hours and pattern of attendance of each child and young person'. This was evident through the observations made during inspection where play-based learning in the rich environment was priority. This created a happy and welcoming ethos which promoted a positive atmosphere for children to have fun and build relationships.

This was the first inspection since the interim manager had come into post and we recognised that any of their changes to quality assurance or self-evaluation processes would take time to impact on outcomes for children and staff. The interim manager had begun to look at different tools for self-evaluating the service. The service did not have a formal improvement plan in place although self-evaluation was their main priority. The service involved families in their self-evaluation through the use of surveys every six months to gather feedback and inform any improvements. Children were involved in suggesting ideas through a suggestion box and developing improvements through meetings with the children's committee. Recently children had helped to develop a welcome booklet which helped new children in the club feel welcomed and to offer an insight into what a day at the club looks like. The manager should continue to develop self-evaluation with the staff team to help identify improvement priorities for the service. We sign posted the

service to use the Care Inspectorate document 'A Quality framework for the day care of children, childminding and school aged childcare' to support their self-evaluation processes.

Quality assurance processes were developing and had a positive impact on improving outcomes for children. The service had begun to use a number of good systems for the auditing and monitoring of processes and procedures. They had recently audited medication systems, snack time, child protection procedures and a general audit of the services records, practice, policies and procedures. These highlighted strengths and some of improvement. There was a quality assurance calendar in place to ensure areas of practice were monitored throughout the year. Areas identified for improvement included - displaying committee members roles, completing Care Inspectorate annual returns and training for staff on their Scottish social services council (SSSC) training log and annual declaration. As a result, children benefitted from a service that was continually developing.

Moving forward the service should now consider their improvement priorities based upon the feedback from families, children and staff; and from their own self-evaluation processes. They should use this to inform and create an improvement plan for the service and use further guidance available on the Care Inspectorate Hub to support developments within the service. The service should further develop the improvement plan and quality assurance systems, to include safer recruitment and monitoring acknowledgments of accident reports.

(See area for improvement 1).

Areas for improvement

1. To ensure that outcomes for children and families continuously improve, the service should further develop the improvement plan and quality assurance systems, to include but not limited to, safer recruitment and monitoring acknowledgments of accident reports. Self evaluation processes should be further developed and take into account the views of children, families and staff.

This is to ensure that care and support is consistent with 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); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator: 4.3 Staff Deployment.

Children knew staff well and they experienced friendly, positive relationships with them. Children were welcomed into the setting by staff, who asked them how their day had been and showed an interest. This helped children feel respected and included. Families told us, "The staff are really friendly and give me feedback as to how the children were during the day and if they had any issues etc. My children only go during holidays and they love going and a lot of it is to do with the staff members" and "Staff are always polite and helpful and greet my child when we arrive. They go above and beyond with helping him if he forgets or loses something!".

Staffing levels were well managed in the service through the use of supply staff. Children were familiar with the supply staff employed by the service. This contributed to continuity in children's care. Families confirmed that there was always enough staff in the service to meet children's needs. One family commented, "The child/carer ratios are firmly adhered to at all times. I know this because sometimes I am told there are not enough staff to care for my child if I try to make an ad hoc booking, and my booking request is shut down". Families and staff agreed that in the setting children were cared for by appropriately skilled staff. As a result of effective staff deployment this ensured that children continued to receive quality care and support.

Staff worked well together as a team and were flexible in their approach. Ongoing communication between staff supported children's care. Staff told us that they had opportunities to discuss practice issues, both during their working day and within staff meetings or huddles. This contributed to good team building.

Safe recruitment processes had been carried out and new staff felt welcomed and respected members of the team. They told us that the induction process supported them to learn about their role and were "supported by a senior member of staff". This ensured staff had access to the information they needed to care for children and keep them safe. We noted an instance where one reference for a recruit had not been provided prior to them starting. The service responded quickly and ensured this was followed up immediately. The service should ensure they follow safer recruitment procedures to ensure children were safeguarded. We have made monitoring and quality assuring safe recruitment processes an area for improvement under the section 'How good is our leadership?' within this report.

The staff routinely engaged in a range of professional learning activities that built on and sustained their practice. This included: child protection, food hygiene, first aid, manual handling, equality and diversity and introduction into schemas. Staff told us that they had plenty of opportunities to talk about their practice, both during their working day and within staff meetings or huddles. One staff member told us, "We are all given a monthly mental health meeting with our manager". Staff appraisals were taking place through discussions with the manager and training was identified to support staff development. The service had identified an area for further improvement was recording the impact of training to support and monitor staff's continuous professional development. These improvements would allow the service to measure the positive impact of staff training on children's care, play and learning.

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?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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