

## ASN Holiday Club Day Care of Children

Clickimin Leisure Centre  
Lochside  
Lerwick  
Shetland  
ZE1 0PJ

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 July 2025

**Service provided by:**  
Ability Shetland

**Service provider number:**  
SP2014012267

**Service no:**  
CS2014324452

## About the service

ASN Holiday Club is registered to provide a care service to a maximum of 40 children aged three years to 19 years and still in education. To provide a care service from Bells Brae Primary School, 96 Gilbertson Road, Lerwick, Shetland, ZE1 0QB and Anderson High School, North Loch Drive, Lerwick, Shetland, ZE1 0GR. To comply with current staffing ratios: Age range ratio is three years and over 1:8. The service will assess the needs of the children and increase staff appropriately.

During the inspection, due to ongoing work at Bells Brae Primary School, Lerwick, the service was accommodated within Anderson High School, Lerwick. The club has access to many spaces within the school building. This includes a gym hall, music room, soft play, kitchen and sensory rooms. The service also has direct access to outdoor spaces.

## About the inspection

This was an unannounced inspection which took place on 23 July 2025 between the hours of 09:30 and 17:00. 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:

- spent time with children using the service and spoke with parents/carers
- received responses to our request for feedback from parents
- received responses to our request for feedback from staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Children were treated with kindness and respect.
- Children received nurturing care and support from staff who knew them well.
- Children had fun and took part in experiences they really enjoyed.
- Children led their own experiences through a well-balanced mix of activities both indoors, outside and in the community.
- Medications process should be reviewed in line with best practice 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?	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 different parts of this key question as good and very good, with an overall evaluation of good. Whilst we identified major strengths in supporting positive outcomes for children, improvements are required to maximise wellbeing and ensure children consistently have experiences which are as positive as possible.

### Quality Indicator 1.1: Nurturing care and support

Children were treated with kindness and respect. They experienced warm and nurturing care from staff, meaning children were settled and happy. Staff were aware of individual children's needs and knew when they required support or comfort. Staff were responsive to their needs. For example, staff knew how to support children with emotions and regulation, understanding challenges such as sensory overload and the impact of this. Staff knew children well and were able to confidently discuss their interests, likes, dislikes and support needs. As a result, lovely relationships had developed between children and staff.

When families were asked what they like about the service, one parent said; "Child-led, great 1-1 attention, amazing staff/volunteer knowledge and care." Another parent said, "The staff are amazing, great value for care and always a fantastic range of activities and opportunities are available for the children, with alternatives always on offer to provide consistency and support for all." This contributed to children feeling happy and included.

The care and wellbeing of children was supported well. Children's personal plans had been reviewed, updated and were reflective of children's current needs. Parents were central to this process and staff used the information well to provide children with the individual care they needed. Recently introduced summary sheets meant any new staff working with children were well informed on children's health, well-being, and care needs. This helped ensure a consistency of care.

Lunch and snacks were provided by parents. Children could choose when to eat and mealtimes took place in a variety of settings depending on activities taking place at the time. For example, a group of children took their lunch to the beach. Mealtimes we observed provided a relaxed, social experience for the children as they sat together with staff chatting and laughing about their day. This contributed to children's overall development, fostering social skills like communication and manners.

Medication was currently brought to the service with children and stored in their bags, including controlled drugs. This meant the storage of medication was not in line with current guidance. Medication forms had been completed however, we found limited information was held. The club should review their medication processes, storage and record keeping for the storage and administration of medication to ensure it adheres to the most recent guidance. We discussed the benefits of implementing audits to ensure these systems are effective. The setting's policy should be amended to reflect these new processes. This would ensure children are kept children safe and well. **(See area for improvement 1)**

### Quality Indicator 1.3: Play and learning

Children had fun and were able to choose where to play and explore including many areas within the community. Staff were very responsive to children's interests and supported their choice in where they played. The pace of the session was very relaxed and unhurried and children had many opportunities to lead their own experiences. We saw children be very active outdoors for example, some went swimming, walks to the beach and parks, shopping for ingredients to bake and crabby lining on the pier. During these experiences, tailored to their interests, we saw children develop very important life skills. For example, building emotional resilience and independence, being leaders, learning about being safe, exploring wildlife and developing new skills such as swimming. This also contributed to children's sense of belonging and supported them to have new opportunities in and out with the setting.

Opportunities to enjoy and develop language, literacy and numeracy skills were evident within children's experiences and were relevant to their age and stage of development. We heard staff modelling very good use of language and vocabulary when talking to children, for example when looking at picture cards. Some staff used symbols to support children's understanding. Symbols were also placed on the different rooms such as the toilet to support children. Staff used mathematical language when playing with bubbles such as 'bigger bubbles' and 'look how high'. Experiences such as these enhanced opportunities to develop language, literacy and numeracy skills.

Most staff were very skilled and confident when interacting, engaging and responding to children's interests. They had a very good knowledge of child development and skilfully used this to support high quality learning experiences for the children.

Planning approaches were child centred and very responsive to children's interests. We saw a small group of children and a staff member make a plan for the day when they arrived at club. The children took this with them to the beach and referred to it throughout their day. We discussed introducing floor books to record children's experiences, capture their voices and to help evaluate and plan further experiences. This would further support children to develop life skills and reach their potential.

### Areas for improvement

1. To ensure children's health, safe storage and clear administration of medication should be followed as per guidance.

This is to ensure that 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).

## 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 runs for six weeks of the year, one week in Easter, four weeks in the summer and one week in the October holidays. Children experienced an environment that was very well-maintained with plenty of natural light and ventilation. The club had access to an area of the school which ensured children had plenty room move around the spaces with ease. Children were very confident in moving around these play areas to explore their ideas and interests. Spaces and resources were age and stage appropriate and reflected their interests. Experiences included children baking in the kitchen, playing the keyboard in the music room and relaxing in the sensory rooms enjoying stories with adults. Children spent time outdoors playing with bubbles and enjoyed visits further afield such as to parks and beaches. Management and staff valued the importance of children being active and ensured they had access to a wide variety of experiences outdoors. This benefited their health and wellbeing, extended their experiences and gave them choice in where to explore.

Parents told us their child can be involved in a range of opportunities and fun experiences to meet their individual needs and support their development, including opportunities outdoors. One parent said, [My child] swims, horse rides, explores the town, even visited the tall ships festival. Staff are HUGELY accommodating and inviting, if [they don't] feel like it, they do something else." Another parent said, "They do lots of child led opportunities helping to get my [children] out in the community." This contributed to children experiencing very good quality play and learning opportunities both inside, outdoors and in the community.

Systems were in place to support keeping children safe. Risk assessments helped staff to mitigate risk and enhanced children's safety. We asked that the setting included more detail in some risk assessments to further support keeping children safe. The setting encouraged children to consider risk and we heard staff speaking to children about safety in the community. From our observations, it was clear that this meant children had a very good understanding about boundaries and crossing the road safely. This supported the children's understanding of risk and keeping themselves safe.

Infection control measures were understood and implemented by staff. We noted that some children understood about the benefits of hand washing before eating. We did not observe a change but saw that staff had access to PPE for this. We asked that the setting refrain from storing children's bags and other belongings on tables where children were eating. This would further support keeping children safe from infection.

**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 improvements are led well**

The service vision, values and aims of the club in accordance with Ability Shetland's values. We suggested these could be developed further, considering input from staff, children, families and community. This would ensure these were reflective of the needs and aspirations of everyone working at and using the club.

Children's and families' views and suggestions about their care and experiences were valued by the club. The club found that previous questionnaires issued to families were not an effective way of gathering information and feedback. More recently families were invited along to a 'family day'. The club took this opportunity to share photos of experiences with families and encouraged them to leave feedback on post it notes. Management shared developments which had taken place as a result such as starting clubs in other areas of Shetland, making it more accessible to more families. This would ensure all parents felt listened to and would create a collaborative approach to improvement and outcomes from children. We asked that the club consider documenting improvements made, evaluating these to ensure they were meeting the desired outcome. Sharing this with families and children would support everyone to be clear on the setting's focus for improvement.

Staff expressed that they felt well supported by management and their team. Staff meetings and supervision meetings for the co-ordinator were in place. We saw that the co-ordinator had meetings to support staff when required. We found that the co-ordinator was always on hand to support staff, including modelling and informal monitoring of practice. Anything raised from this was discussed with staff, for example if further training in required. This contributed to positive outcomes for staff and children.

Policies and practices were in place to safely recruit staff, this included carrying out all required pre-employment checks. However, we found that for some staff two references had not been obtained prior to starting in employment. Management were aware of this told us this had not been followed up due to staff being young and it being their first employment. We directed management to best practice guidance and asked that they follow this for all staff. This would ensure all staff were recruited safely in line with current guidance.

To support ongoing quality assurance, we suggested including regular audits such as the management of medication to ensure processes are consistently in line with best practice guidance. These should be evaluated and the outcome shared with staff to ensure everyone was clear and aware of the impact.

## 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 were very well supported by skilled and experienced staff. They communicated well together and were happy and confident in their role and responsibilities. They were supportive of each other, offering direction and help. This led to a continuity of care across the day. Deployment of staff supported the smooth running of the day. There were enough staff to keep children safe when playing outside and accessing different parts of the community. This ensured children's experiences were positive and they were kept safe.

Most staff were familiar with the children and their families. Management worked hard to effectively match children and staff to support consistency for everyone. Children who required one to one support were supported by staff who knew their personalities and care needs well. Staff told us overviews of children in their personal plans had supported them get to know children better, although the amount of information shared was determined by families. Staff took time at the beginning and end of the day to receive and give effective hand-overs with families which supported good relationships.

All parents strongly agreed or agreed they have a good relationship with staff caring for their children. One parent said, "Staff invest in getting to know our child and wanting to keep up to date with progress." Another parent said, "They ask all the right questions to support your child in a friendly and professional manner." This contributed to their safety and emotional wellbeing.

Staff were committed to their own professional development. Most staff were students or had other jobs, meaning they had achieved qualifications in childcare and in teaching which was evident in some of the high-quality care and learning experiences observed. However, there was scope to provide further training for some staff to ensure consistency in knowledge and understanding across the team. This would improve practice and ensure all children receive high quality interactions and experiences.

The club was run with sessional staff and their induction policy had not considered this. We directed management to 'The National Induction Resource' to develop a more robust induction for these staff. This would support new staff's knowledge and awareness of their role, responsibilities and effective ways of working.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	5 - Very 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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