

## Skene Square OOSC Day Care of Children

Skene Square Primary School  
61 Skene Square  
Aberdeen  
AB25 2UN

Telephone: 07525854587

**Type of inspection:**  
Unannounced

**Completed on:**  
13 March 2025

**Service provided by:**  
CLICC Ltd.

**Service provider number:**  
SP2003003228

**Service no:**  
CS2003013749

## About the service

Skene Square Out of School Club provided by Community Link Childcare (CLICC) is registered with the Care Inspectorate to provide a care service to a maximum of 48 school aged children at any one time.

The service is situated in Skene Square Primary School in Aberdeen city centre, is on a bus route and is close to local shops and facilities. The club uses the school dining hall on the ground floor and children have access to the school playground for outdoor play.

## About the inspection

This was an unannounced inspection which took place between 14:30 and 18:05 on 11 March 2025 and 07:30 and 09:00 on 12 March 2025.

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 three of their parents/carers
- Received eleven responses to our request for feedback from parents and staff
- Spoke with staff and management
- Observed practice and children's experiences
- Reviewed documents.

## Key messages

- Interactions between staff and children were warm and caring.
- Children enjoyed their play and had fun with friends and staff.
- The service should continue to develop opportunities for children by expanding on the range of resources that are offered to children.
- Children had daily opportunities for outdoor play, this encouraged healthy lifestyles and active play.
- Quality assurance processes had supported the service to make improvements. These should continue to be developed to effectively promote improvement.
- Staff worked well together to meet children's needs throughout the day.

## 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.

### Quality indicator 1.1 Nurturing care and support

Children benefited from kind and caring interactions from staff. Warm and responsive relationships had been formed and children received praise, encouragement and reassurance. This supported their confidence and self-esteem. Children we spoke with told us they enjoyed attending the club. One child commented, "There are lots of games to play, really fun games." Another child shared, "I like to see my friends and play outside."

Personal plans were in place for children and were completed in partnership with parents. Children had the opportunity to complete their own 'What Matters to Me' forms to let staff know about their interests and preferences. Plans included information on children's needs and how these would be met. Staff demonstrated how well they knew the children and were able to talk through strategies in place for children who required additional support. We identified where a few plans could contain more detail to reflect staff's knowledge of children. Including further details of support strategies would promote confidence and consistent approaches from all staff. We discussed with management the benefits of staff evaluating plans to ensure children have the right support to reach their full potential.

Children's medication was stored safely, and records were reviewed regularly with parents. We identified a few issues with the recording of medication and management took immediate action to rectify these. They advised the organisation were in the process of updating medication recording systems and a new form was being developed. This will promote improved record keeping and children's health, wellbeing and safety.

Children benefitted from relaxed, unhurried and positive mealtimes. There were opportunities for children to be independent, which helped them to achieve and build life skills. For example, children were encouraged and supported to make their own wraps, serve cereal and fruit. One child told us, "Sometimes we make toast on our own, it gives us more responsibility." Staff sat with children whilst they ate and were responsive to their needs. This added to the relaxed atmosphere and promoted a safe and sociable experience. Children were involved in the planning of snack, which encouraged them to make healthy choices supporting their health and wellbeing.

Fresh water was available throughout the session and some children brought their own water bottles. However, children were not consistently supported or prompted to stay hydrated. We discussed this with management who agreed to take the necessary action.

Children's wellbeing was supported through staff knowledge and understanding of their role in identifying, recording and referring any concerns. This was supported by attendance at child protection training and chronologies to document significant events in a child's life that may impact on their health and wellbeing. Staff worked with other stakeholders, such as the primary school, to promote a continuity of care and access further support if necessary.

### Quality indicator 1.3 Play and learning

Children were having fun at the club and were confident and engaged in the experiences offered. They were able to decide where they wanted to play and who with, expressing preferences and requesting additional resources. Groups of children enjoyed playing card and board games and built models indoors. Some children ran around and played team games outdoors. This supported their health and wellbeing, whilst developing social and communication skills.

Children benefitted from a mixture of planned and spontaneous play experiences. Planned experiences followed children's interests and choices. Children were asked their ideas for experiences they would like to take part in during children's meetings and contributed to mind maps. This helped children feel valued and supported them to lead their own play.

Most parents commented positively about the experiences on offer. One parent told us, "My child seems to have a good mix of sports activities, arts and crafts, indoor games and outdoor play." Another parent commented, "My child loves being outdoors and they are out in all weathers."

Children had some opportunities to develop language, literacy and numeracy skills. This included mark making, wordsearches, puzzles, and table top games. Literacy development was further supported by writing suggestions on mind maps and setting individual goals. A range of books were available for children, although no children chose to access during the inspection. There was scope to better display these to encourage children to explore books more frequently. This would support children's developing skills in language and literacy.

Regular access to outdoors ensured that children enjoyed fresh air and opportunities for energetic play. Some staff and children played ball games together which encouraged children to develop positive relationships as they played together, shared and took turns. We discussed with management that outdoor play would benefit from being further developed to provide more stimulating and challenging experiences for the children. Management advised they had recently gained access to a range of open-ended materials which can be used in a variety of ways to support children's curiosity and creativity.

Overall, children benefitted from positive and encouraging staff interactions. Staff and children chatted freely together, with some staff modelling a wide range of language and vocabulary. For example, children's interest in scorpions was skilfully encouraged. This helped children expand on their ideas and learning.

### 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.

Children were cared for in the dining hall within the school building, which staff set up daily. The play space was clean and provided plenty of light, natural ventilation and space for play. Children had dedicated areas to store their bags and jackets. Information and children's work displayed on notice boards helped to give children a sense of ownership of the space.

Children were able to relax during the session as the service had added a cosy tent area with blankets and cushions. This provided a comfortable space for children to rest and chat with their peers. As a result of these additional resources, the service felt more homely. Staff and management had identified further

organisation of the environment was needed. For example, art and craft resources were limited and children who explored the construction materials on tabletops would have benefitted from floor space and more resources to expand their creations. Staff shared plans to add role play resources and create zoned areas. Staff should also consider how they could set out experiences and resources in more inviting ways to help stimulate children's play. We signposted the service to the 'Loose Parts toolkit' on the Care Inspectorate Hub to support this.

Children's health benefitted from a clean environment with effective infection prevention and control measures. Staff and children regularly washed their hands at appropriate times, helping to keep children safe and well. To ensure consistency, staff should ensure children are supported to wash their hands after eating. This would further prevent spread of infection.

Risk assessment procedures were in place. Staff undertook daily checks of the building and the outdoor areas. This helped support staff to identify and remove or reduce risks to children while attending the service. Children's awareness of risk was supported through discussion, such as how to care for resources and avoid breakages. Involving children in the benefit risk process would further support this awareness of how to manage risk.

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

## 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.

Children were cared for in a service with clear vision, values and aims. These included "To provide a happy, safe and warm environment where children and families feel welcome and included." These were shared with parents, which helped them understand what to expect from the service.

The service recognised the importance of children and families involvement. Parental views were sought using a suggestion box, and opportunities at drop off and pick up for parents to come into the setting. Management had identified these methods were not always successful in gathering views and were developing ways to meaningfully involve parents, such as 'question of the month' and a floor book to evidence children's experiences. Children's' views were regularly sought through the use of a suggestion box, mind maps and discussion. These were used to plan snacks and experiences and had been considered to inform change. For example, children suggested playing games before school which had been actioned. This gave children the message that their views mattered.

Positive outcomes for children were promoted by quality assurance processes. Regular audits were used to monitor staff practice. Staff were supported in their practice at regular support and supervision meetings where they discussed any issues and planned for individual professional learning and development. Staff told us they felt well supported by management, which had helped build their skills and confidence.

An improvement plan had been developed which focused on areas identified through self-evaluation processes and included key priorities identified at the previous inspection. Self-evaluation was supported using current guidance documents such as 'A quality framework for daycare of children, childminding and school-aged childcare.' Monthly improvement reports were based around SMART objectives (specific, measurable, achievable, realistic and timebound) and supported the staff team to identify strengths and

actions to be taken. We highlighted that progress with actions should be monitored in a timely manner to support a continuous pace of change.

### 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.

Staff worked well together to create a welcoming environment for children. They supported one another, shared tasks and valued the positive working relationships within their team. One member of staff told us, "We help each other and know each other well." Parents confirmed they were happy with the service overall and described staff as, "friendly" "polite" and "approachable." One parent commented, "There's not much staff turnover and my child gets on with staff really well."

The manager and provider appreciated the importance of appropriate staffing levels and children were cared for by a stable staff team. A positive ethos within the setting helped to minimise absences. Effective arrangements were in place as relief staff from other services within the CLICC organisation were available in the event of absence. Continuity between breakfast and afterschool club staff teams promoted relationships and a continuity of care.

Staff worked well together as a team to identify and remove risks to children within the setting. This ensured that the environment was safe for the children attending. For example, children's transitions at the beginning of the session and when accessing outdoor play were managed well, through effective communication and appropriate levels of supervision. Staff utilised walkie talkies to discuss children's movements, carried out head counts and used registers to monitor children. This helped provide a safe and secure environment for children where their choices were respected.

Parents were welcomed into the service at drop off and collection times. Staff took time to talk to parents and let them know how their child had been, supporting transition and sharing of information. Most parents told us that communication was good and one parent shared, "The staff are always there to talk to us when we come to collect our child." Another parent commented, "They keep me updated about my child's activities and snacks provided."

There was a range of staff skills and experience within the team to support children. All staff had undertaken core training including first aid and child protection. Some staff were working towards gaining further qualifications in childcare. Some staff had made good use of other additional training to help improve their practice and were able to discuss the impact of their training with us. This promoted children's safety and wellbeing.

## 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 promote children's health and wellbeing the manager and staff should ensure that personal plans accurately identify children's needs and how they will be met. This should include but not be limited to:

- Improving the detail held for children with additional support needs or medical conditions
- Ensuring that details held are accurate
- Reviewing and updating the information held at least every six months or when there are changes.

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); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 14 September 2023.**

#### Action taken since then

Each child had a personal plan in place, these included information on health and additional support needs and how these would be met. Information was reviewed and updated regularly with parents to ensure details held were accurate and up to date.

**This area for improvement has been met.**

#### Previous area for improvement 2

To support children's health and wellbeing the management of medication should be improved. This should include but not be limited to:

- Improving the detail of information held for children with medical conditions
- Ensuring all details are regularly reviewed with parents to ensure they are up to date and relevant
- Ensuring that medications held for children are within their expiry dates.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This area for improvement was made on 14 September 2023.**



**Action taken since then**

Medication was stored safely in line with current guidance, all medication was within their expiry date. Records were reviewed regularly with parents to ensure they were up to date and relevant.

**This area for improvement has been met.**

**Previous area for improvement 3**

In order to support children's health and wellbeing the manager and provider should embed a quality assurance and improvement system which will drive forward development of the service. This should include but is not limited to:

- Promoting parent and children's participation in the evaluation and development of the service
- Making use of best practice guidance to support reflection and self-evaluation
- Develop and implement an improvement plan that promotes timely development which focuses on improving outcomes for children
- Including the breakfast club and after school club cohesively in development 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 14 September 2023.**

**Action taken since then**

Children and families views were gathered through suggestion boxes, daily conversation and mind maps. These were used to plan snacks and experiences and had been considered to inform change within the service. Best practice guidance such as 'The Health and Social Care Standards' supported self-evaluation.

An improvement plan had been developed. This was realistic and relevant to the development of the service and promoted improved outcomes for children and families. Continuity of staff between breakfast and afterschool club staff teams promoted relationships and cohesive development of the service.

**This area for improvement has been met.**

**Previous area for improvement 4**

To ensure a comfortable and welcoming environment in which children can play and learn action should be taken to improve storage for jackets and bags, create cosy and relaxing spaces and progress with plans to display children's work.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

**This area for improvement was made on 11 January 2023.**

**Action taken since then**

Children had dedicated areas to store their bags and jackets. Information and children's work displayed on notice boards helped to give children a sense of ownership of the space. The service had added a cosy tent

area with blankets and cushions. This provided a comfortable space for children to rest and chat with their peers.

**This area for 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](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	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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