Robert Gordon's College After School Club
Day Care of Children

Robert Gordon's College
Schoolhill
Aberdeen
AB10 1FE

Telephone: 01224646346

Type of inspection:
Unannounced

Completed on:
21 May 2025

Service provided by:
Robert Gordon's College

Service provider number:
SP2003003559

Service no:
CS2009216635

About the service

Robert Gordon's College After School Club is located within Robert Gordon's College in Aberdeen. The club is provided from the school dining hall and children have direct access to the outdoor playground. The service is in close proximity to local shops and amenities.

The service is registered to provide a care service to a maximum of 100 children at any one time, with no more than 40 attending breakfast club. The service operates between 07:00 and 08:15 and between 15:05 and 18:00 Monday to Friday during term time.

About the inspection

This was an unannounced inspection which took place on 19 May 2025, 20 May 2025 and 21 May 2025 between the hours of 14:45 and 17:30. 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. To inform our evaluation we:

- spoke/spent time with children and families
- received 70 completed questionnaires
- spoke with staff and management
- observed children's experiences
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support 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

• Improvements to personal plans and the information stored in these, meant that staff had up to date information to help support children. This supported the holistic care and wellbeing of children.

• Opportunities for children to rest and have quieter experiences had increased. This helped support children to decompress after a busy school day.

• Children benefited from increased quality time with staff. We observed staff to be less task orientated, with most consistently joining in with children at play.

• Children were confident and happy to attend the setting. They were able to make choices about how to spend their time there.

• Progress was being been made in furthering children's opportunities of challenging and enjoyable play.

• An improvement plan was in place to support future quality assurance, self-evaluation and engagement processes, which were in the very early stages of progress.

• An improved recruitment and induction program was in pace to provide increased support to new staff.

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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
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? 3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall grade of adequate. While the strengths had a positive impacted on outcomes for children, key areas need to improve.

Quality Indicator 1.1: Nurturing care and support

Collection and arrival time for children was well organised and supported the transition from the structure of the school day to the play based environment of after school club. Children were greeted warmly by staff, which helped to support positive relationships. Wherever possible, familiar staff were allocated to key primary groups for collection time. This meant that children were often pleased to see familiar staff who collected them from their classroom and felt comfortable as they headed to the after school club. Staff had more opportunities to speak with parents and build their confidence in this area of practice. This supported all staff to build meaningful relationships with parents and share information about their child's day. Progress in this area should continue. One parent suggested to us the use of name badges for staff may be helpful as an improvement.

Improvements to personal plans and the information stored in these meant that staff now had up to date information to help support children. This supported the care and wellbeing of children. Most children now had vital information on care areas such as medical and additional support needs, as well as information around their likes and dislikes. In a few cases, more information was needed to ensure staff had full details of how to care for the child. We raised specific examples with the management team who agreed to document full information. For example, where a child had a food intolerance, there was no information on signs, symptoms and what staff should do to help a child if they consume the product. Having this information will help ensure all staff have access to key information to provide safe and nurturing care. Parents now had access to information via an online system and could provide updates when required. A few parents liked having the information available in this way, with comments including; "They have recently shared the personal plans with us - they reflect my child's interests and needs" and "We completed our child's needs plan while including health information and their likes and dislikes". Most parents who responded to our questionnaire told us they did not agree with the need for a personal plan.

Opportunities for children to rest and have quieter experiences had increased. This helped support children to decompress after a busy school day. A cosy area with increased access to soft furnishings had been developed and was very popular with children. They enjoyed playing and using this space to lay, read books and chat with friends. Older children had supervised access to a games console which they enjoyed spending time on. Staff were more familiar with the benefits of quieter, cosy times for children and spoke positively about the improved support this gave children.

Children benefited from increased quality time with staff. Most staff knew individual children, understanding more about their likes, dislikes and personalities. As a result, interactions between children and staff had improved. We observed staff to be less task orientated, with most consistently joining in with children at play. Staff sat and joined in with children, they showed interest in their play and what they had to say. This resulted in providing a more engaging place for children to spent time in.

Staff had a basic understanding of their role in keeping children safe and the procedure to follow should they have any concerns. Child protection training was undertaken by staff annually to help keep their knowledge up to date.

We suggested that the manager undertakes additional training to help support them in their future role as child protection coordinator. The use of chronologies had been introduced, as per national guidance, which meant staff were better placed to provide support to any children who may require it.

Quality Indicator 1.3: Play and learning

Children were confident and happy to attend and play in the setting. They were able to make choices about their play and how to spend their time. Through responses to our questionnaire children told us, "We get to play and dress up and I love playing netball outside. It's so much fun", "I like to do arts and crafts with my friends and the teachers", "I like that my friends go and you can do lots of activities there. My favourite activity is drawing there", and "It is fun and you get to play outside".

Children were able to access outdoors daily. Many children chose to play outdoors, enjoying their time with friends and staff. They took part in different sports activities such as football, tennis, skipping and shooting basketball hoops. Children were able to use the open space to play games and be energetic, supporting their health and wellbeing. Quieter outdoor activities were also available and some children spent time building dens or chatting with friends on the picnic benches. This gave children a good balance of rest or play outdoors.

Some progress had been made in furthering children's opportunities for challenging and enjoyable play. This progress should continue to ensure children are well supported in their play. Many children were more engaged in activities. For example children used large carboard boxes within role play creating cars and seating spaces, children made crafts including homemade iPads and musical instruments. These opportunities helped children explore problem solving , imagination and creativity. This helped children learn and develop in a way that is meaningful to them. A few staff were growing in confidence in understanding when to join in with children's play in a way that is supportive. Observations of children's key play experiences and future ways to support were in the early stages of progress. A few staff had begun to observe children's play against the wellbeing indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included. This was beginning to build a holistic view of children's needs and progress. A few staff spoke positively about how they had got to know individual children better through these observations and how this had helped them provide better support. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 1 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

How good is our setting? 4 - Good

We evaluated this key question as good. We found several strengths that impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in a large, open plan dining hall within the school grounds. There was direct access to the playground which was open for most of the session. Areas for children were bright and well-ventilated, which supports their health and wellbeing. Parent and child notice boards were easily accessible within an entrance area. These had been refreshed and continued to provide access to information about the service for parents. Children's voice through art work and evaluative questions were beginning to be more present. This helps children feel respected and involved in their space.

The senior management team were committed to continue to look at ways of making the generic hall space more reflective of the after school club and the children attending.

Resources were set out for children, such as board games and construction toys, in large storage boxes. Staff had begun to look at how these could be set out more attractively to act as provocations for play and prompt children's interests and curiosity. We noted that some additions such as play mats had begun to help with this. Some spaces had been developed such as a bigger cosy area with additional seating and a larger craft area. Both of these areas had become very popular with children. This had resulted in increased quality of play and rest for children. Work was planned to continue to involve children in ideas for a larger range of equipment and the further development of play areas. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 2 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

Risk assessments were in place which contributed to minimising risks for children. This supported a safe environment, both indoors and outdoors. Progress had been made in finding ways to involve children. For example, a few children had used pictures to think about and discuss risks outdoors with a member of staff. Other children had begun to discuss the wellbeing indicators and what they could do to keep themselves and others 'safe' and 'healthy'. These approaches began to support children in a way that was relevant and understandable for them. Children were further supported through safe infection control practices by staff. Staff wiped down surfaces before and after activities and encouraged children to wash their hands at key times. This helped keep children safe from the potential spread of infection.

Arrangements for security within the setting had been considered. A staff member was on rota to be at the main desk. Their focus was on where children were as they moved between outdoor and indoor areas, arrived and departed. This helped ensure children remained accounted for at all times.

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impacted on outcomes for children, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well

The setting had a statement of aims in place. These were shared with parents through newsletters and notice boards. The majority of parents felt the service met these aims very well and were an important part of the facilities within Robert Gordon's College. Parents told us they liked the "friendly atmosphere" and "the opportunity for the children to relax and build relationships with other children". They appreciated the flexibility of the service and the majority told us the after school club met their expectations as a parent and considered it to be a very good service. They gave both the service and ourselves very positive feedback about their experiences.

Quality assurance processes were in the very early stages of progress. Following on from our recent visit and subsequent support conversations with the manager, an improvement plan had been developed and was in place to support the ongoing progress of the service. Initial focus areas had been around having up to date personal plan information about children, safe recruitment and additions to the play environment. This had begun to have a positive impact on children's experiences.

Plans were in place to help ensure continued progress and the future quality of the service, such as mentorship and monitoring from the senior leadership team. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 3 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

Staff were in the early stages of using self-evaluation to improve practice. Most staff were aware of key areas of development. These areas were regularly discussed at team meetings. Some staff were beginning to recognise how changes to their practice had positively impacted on children's experiences. Self-evaluation work against best practice guidelines should continue to be embedded into staff practice. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 3 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

There were increasing opportunities for children to be involved in developing the service. Staff had been experimenting and finding ways to make these more successful. Whilst this was still in the early stages, a few children participated with ease, giving their thoughts and suggestions via a white board which asked the question, 'Are there any areas of the after school club you would like us to develop?. A 'you said, we did' approach was being used to provide feedback of any changes made. This helped children feel included and respected when shaping their time for play, rest and learning at their club. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 3 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

The majority of parents who responded to our questionnaire told us they could be involved in giving feedback to the service if they wished to be. A few told us that they felt listened to on occasions where they had. The majority told us they were very happy with the service and did not have any suggestion for any improvements. A few gave us suggestions which included: "Sometimes I think staff could ask more about my child on collection", "You could use name badges, at least for staff", "If anything, some of the toys or equipment could be updated", "I wonder sometimes if any sort of ID should be required if new people are picking up a child", "It would be good to be advised of staff changes with a photo of new staff shared with parents", "Inform parents what they had for snacks" and "Maybe more snack options". The service may wish to take forward these suggestions in their future improvement progress. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 3 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

How good is our staff team? 4 - Good

We evaluated this key question as good. We found several strengths that impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 4.3: Staff deployment

The manager was confident in telling us about the service, and fully engaged with the inspection process. Along with the provider, they were responsive to any suggestions we made throughout the inspection and in meeting the previously set requirements. This demonstrated their commitment and drive for improvement.

A large proportion of the staff team were relatively new to their role, with many new to a role in childcare.

The staffing model for the service was based around employing a high volume of students and those undergoing further study. This created a high staff turnover each year. We asked the provider to consider how their staffing model ensures new staff are skilled, mentored and supported to carry out the role expected of them. This resulted in a revised staff induction process for new staff. New staff who had recently gone through this process, advised that it was supportive in helping them better understand the after school club and their role. We observed increased engagement between new staff and children, which helped support their wellbeing and enjoyment of attending the service. We advised that robust induction procedures continue to be developed to include shared mentorship from more experienced staff. The process should be quality assured to ensure it continues to positively impact on the level of care provided to children.

Staff attended core training on areas such as child protection, infection control and first aid as part of their induction. This helped all staff gain basic skills and knowledge on how to keep children safe from harm. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 4 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

An improved recruitment process had been implemented. As a result, references for new staff were now asked for and in place. This helped the provider ensure that suitable staff were employed safely and for the correct roles relating to their experience.

Improvements to the deployment of staff during each session had begun to make a positive impact on children's experiences. For example, staff were less task driven and made more connections with children during play. Future professional development for staff was planned around areas such as the play work principles, loose parts play and developing staff interactions with children. The development of staff skills and confidence should continue. An area for improvement was made at the previous inspection and has been carried forward. **(see area for improvement number 4 in the section of this report 'what the service has done to meet areas for improvement we made at, or since the last inspection')**

Staff were familiar with the need to regularly communicate. They used walkie talkies to ensure they knew where children were when moving between indoors or outdoors to play, or when parents arrived to collect their child. This helped keep children safe.

Staff told us they were happy to work in the service and felt included as part of the team. Staff gave us feedback with comments such as "We've seen improvements in children's social skills, confidence and overall well-being", "The team has successfully implemented new activities based on children's feedback" and "Staff training has strengthened inclusive practice, wellbeing support and outdoor learning." The staff team should continue to make improvements to their overall practice that continuously considers the high quality experiences for children that are expected.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 16 May 2025, the provider must ensure that children's care and wellbeing needs are met through the implementation of effective personal planning.

To do this, the provider must, at a minimum, ensure:

a) all children have a personal plan which sets out what their needs are and how these will be met
b) staff are familiar with the information and use this to effectively support children
c) personal plans are reviewed in partnership with parents or carers, and children where appropriate, at least once every six months, or sooner if required.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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).

This requirement was made on 28 February 2025.

Action taken on previous requirement
Improvements to personal plans and the information stored in these meant that staff now had up to date information to help support children. This supported the care and wellbeing of children. Most children now had vital information on care areas such as medical and additional support needs, as well as information around their likes and dislikes. In a few cases, more information was needed to ensure staff had full details of how to care for the child. We raised specific examples with the management team who agreed to document full information.

Met - within timescales

Requirement 2

By 16 May 2025, the provider must ensure that children's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:

a) ensure staff are recruited following safe and best practice guidelines
b) ensure there are sufficient staff on duty with the required knowledge, skills and experience for their role they are required to perform

c) ensure staff are deployed effectively to meet the individual needs of children throughout the day.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

This requirement was made on 28 February 2025.

Action taken on previous requirement

An improved recruitment process had been implemented. As a result, references for new staff were now asked for and in place. This helped the provider ensure that suitable staff were employed safely and for the correct roles relating to their experience.

Met - within timescales

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 and extend children's play and development, the provider should ensure that all staff have confidence, knowledge and skills to facilitate a wide variety of experiences and play opportunities.

This should include, but is not limited to:
a) ensuring staff interactions support and extend children's learning and development
b) ensuring children are supported to use their curiosity and be challenged
c) ensuring observations and assessment supports and enhances good quality play opportunities and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking and investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

This area for improvement was made on 28 February 2025.

Action taken since then

Some progress had been made in furthering children's opportunities for challenging and enjoyable play. This progress should continue to ensure children are well supported in their play. Many children were more engaged in activities and had increasing opportunities to explore problem solving , imagination and creativity. A few staff were growing in confidence in understanding when to join in with children's play in a way that is supportive.

Observations of children's key play experiences and future ways to support were in the early stages of progress. This was beginning to build a holistic view of children's needs and progress. A few staff spoke positively about how they had got to know individual children better through these observations and how this had helped them provide better support.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To ensure children have regular experiences which supports their curiosity and creativity, the provider should ensure that resources reflect children's current interests and stages of development.

This should include, but is not limited to:
a) children have opportunities to engage in a range of interesting and stimulating play experiences
b) play spaces are organised and well-equipped with a wide range of toys, resources and materials
c) children can access a range of open-ended, real life materials within their play, to enhance learning opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 28 February 2025.

Action taken since then

Resources were set out for children, such as board games and construction toys, in large storage boxes. Staff had begun to look at how these could be set out more attractively to act as provocations for play and prompt children's interests and curiosity. Some spaces had been developed, such as a bigger cosy area with additional seating and a larger craft area. Both of these areas had become very popular with children. This had resulted in increased quality of play and rest for children. Work was planned to continue to involve children in ideas for a larger range of equipment and the further development of play areas.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To ensure there is a strong ethos of continuous improvement which enhances the delivery of high quality practice the provider, manager and staff should:

a) ensure children and families are meaningfully involved and influence changes within the setting
b) ensure quality assurance, including self-evaluation and improvement plans lead to high quality care and support
c) ensure children, families and staff are meaningfully involved and influence change within the setting.

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

This area for improvement was made on 28 February 2025.

Action taken since then

Quality assurance processes were in the very early stages of progress. Following on from our recent visit and subsequent support conversations with the manager, an improvement plan had been developed and was in place to support the ongoing progress of the service. Plans were in place to help ensure continued progress and the future quality of the service, such as mentorship and monitoring from the senior leadership team.

Staff were in the early stages of using self-evaluation to improve practice. Self-evaluation work against best practice guidelines should continue to be embedded into staff practice.

There were increasing opportunities for children to be involved in developing the service. Whilst this was still in the early stages, a few children participated with ease, giving their thoughts and suggestions. Progress in this area should continue.

This area for improvement has not been met and remains in place.

Previous area for improvement 4

To ensure staff have the skills to meet the wellbeing and learning needs of children, the provider, manager and staff should ensure that an effective induction and monitoring system is in place that effectively supports staff to meet the standards expected of their role and responsibilities.

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).

This area for improvement was made on 28 February 2025.

Action taken since then

A revised staff induction process for new staff. was now in place. New staff who had recently gone through this process, advised that it was supportive in helping them better understand the after school club and their role. We observed increased engagement between new staff and children, which helped support their wellbeing and enjoyment of attending the service. We advised that robust induction procedures continue to be developed to include shared mentorship from more experienced staff.

This area for improvement has not been met and has been reworded to reflect progress. It remains in place.

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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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