

# Hazlehead OOSC Day Care of Children

Hazlehead Primary School  
Provost Graham Avenue  
Aberdeen  
AB15 8HB

Telephone: 07525 855 538

**Type of inspection:**  
Unannounced

**Completed on:**  
4 June 2025

**Service provided by:**  
CLICC Ltd.

**Service provider number:**  
SP2003003228

**Service no:**  
CS2003020276

## About the service

Hazlehead Out of School Club (OOSC) is provided by Community Link Childcare. The service is registered with the Care Inspectorate to provide a care service to a maximum of 64 children up to the age of 14 years.

The service is provided at two bases; Hazlehead Primary School (community wing) where up to 32 children may be cared for, and The Education Room, Pets Corner, Hazlehead Park where up to 32 children may be cared for. The latter location is commonly referred to as 'Trailblazers.'

The service is open both before and after school.

At both locations, all areas used by the service are on ground floor level. There is car parking available and the service is situated close to public transport links.

## About the inspection

This was an unannounced inspection which took place on 2 June 2025 between the hours of 14.40 and 18:00, and 3 June 2025 between the hours of 14:30 and 17:45. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for 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:

- spoke with children and parents/carers using the service
- made contact with parents of children who attended
- spoke with the staff and management
- observed practice and daily life
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how the 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 settled and happily engaged in play experiences.
- Children received nurturing care and support from staff who knew them well.
- Children led their play most of the time through experiences inside and outdoors.
- The staff team were enthusiastic about their roles and were keen to continue to take on training to develop their practice.
- Management should ensure children's play is developed through skilled interactions and actions of 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?	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 experienced warm and nurturing care from staff. They were settled, relaxed, and confident. When children needed support or comfort, we saw that staff were responsive to their needs. Staff knew children well and were able to confidently discuss their interests, likes and dislikes, and support needs. When asked about staff, children said, "They're nice and they look after us." Parents told us they had a good relationship with the staff looking after their children. One parent said, "[The staff] are very communicative, address any issues quickly." Another parent said, "Staff are friendly, approachable and responsive when I call or message." Positive attachments had been formed between children and staff which supported children to feel safe and secure.

Staff should consider different strategies to gain the attention of children effectively. During the inspection, we observed staff using loud voices, particularly when children were tidying up or lining up. We discussed how this might be better managed to control the noise level and encourage children to actively listen. This would support a more organised and calmer environment.

Personal plans had been an improvement focus following the last inspection. Each child had a personal plan in place and they were now reviewed regularly with parents. This meant that meaningful information was now kept on individual children, allowing staff to meet their needs. Care plans were in place for children who required to have one, detailing care and support needs. These highlighted strategies to support staff to tailor individual care. This contributes to ensuring children have the right support to reach their full potential.

Snack time provided a social experience for the children as they sat together chatting and laughing about their day. Children were asked to come for snack and some had to wait to be served their food and water. We discussed the benefit of children self-serving to reduce waiting time and offer more opportunities to develop independence. In Trailblazers, snack helpers enjoyed preparing and chopping fruit with one child saying, "Look, I'm a chef." Children had the opportunity to develop life skills and independence. At times, staff were often too task orientated during snack time. We discussed the benefits of staff sitting with children to promote a more social experience and monitor situations such as children drinking water and the cleanliness of tables. Children told us they were involved in menu planning and how they were supported to think about different groups of foods. They told us their favourite snack was pita bread pizzas. This contributed to children feeling valued, learning about healthy food, and developing good eating habits.

Medication had been an improvement focus since the last inspection. Medication was stored safely and securely, easily accessible to staff while being out of the children's reach. Medication records sampled now contained relevant information to help staff with safe administration. Reviewing medication regularly with parents ensured the most up-to-date information was held in the service. Audits were now in place to support this process. This meant that children were kept safe and well.

**Quality indicator 1.3: Play and learning**

Children had fun and were engaged most of the time throughout the sessions. During the inspection, children had the opportunity to firstly play, have snack, then access outdoors. We discussed the pace of the session and the importance of children's time being relaxed and unhurried with opportunities to lead their own experiences. Staff and management assured us each session throughout the week can be different depending on the needs and interests of the children, for example, some sessions are fully outdoors, including having snack. This meant that over the week children had choices and opportunities to lead their play and enjoy different experiences.

We saw some children problem solve, be creative, and use their imagination during the inspection. Children enjoyed folding paper to make shapes, creating their own books at the craft table, and painting pebbles outdoors. Children used their imaginations as they constructed an enclosure with mega blocks for the ponies, using figures as 'baddies' attacking the ponies. Children used a large pack of cards to create structures, problem solving as they balanced them. Since the last inspection, more resources had been purchased for outdoors. We saw children enjoy skipping games together, playing with bubble wands, and using tarpaulins to create dens. They were using the range of resources available to them well. However, there was still scope for their curiosities and thinking skills to be further developed through more meaningful staff interactions.

During the inspection, staff used limited open questions with children during play. This meant there were missed opportunities to extend children's curiosities and thinking skills. For example, a child playing a throw-the-hoop game wasn't encouraged by staff close by to extend this to make it more exciting or challenging. This resulted in the child losing interest and moving away from the activity. We saw children use tarpaulins to make dens. Extra materials such as pegs, ropes, and loose parts such as planks and crates would have enriched this experience and allowed children to create a shelter. The staff, however, did not pick up on this. Management should take time to source training for staff and use quality assurance processes to ensure children's play is developed through skilled interactions and actions of staff. **(See Area for Improvement 1)**

Opportunities to enjoy and develop literacy and numeracy skills were evident within children's experiences, and were relevant to their age and stage of development. Children had access to some mark making materials, and in Trailblazers, children enjoyed relaxing on beanbags while reading books. Some staff played board games such as connect 4, and card games with the children. We saw younger children show an interest in the whiteboard, with information about their setting, and asked staff to read it to them. They then rewrote the board asking staff how to spell words and displayed it for everyone to see. Experiences such as these enhanced opportunities to develop language, literacy, and numeracy skills.

The setting was using mind maps to gather children's ideas and to reflect on the effectiveness of the activities. We could see children had been involved in the process and their voice was evident. We discussed the value of carrying out ongoing observations and using these to set goals with the children. The service shared that they had plans in place to develop this. These could be used to plan next steps and inform the planning processes, further supporting children to develop life skills and reach their potential.

Children benefitted from some connections with the wider community. Hazlehead used areas within the school and outdoors to support their experiences. Trailblazers made use of the outdoor space at Hazlehead Park and the Petting Corner with animals. Clubs came together at Hazlehead Park and further afield at Banchory Park with the Banchory Club. Children told us they enjoyed this experience. This contributed to children's sense of belonging and supported them to have new opportunities outwith the setting.

## Areas for improvement

1. To support children's creativity and curiosity, the provider should ensure staff are using skilled interactions with children, including open questions, to extend children's thinking and widen their skills through play.

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

'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling' (HSCS1.30).

## 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.

#### Quality indicator 2.2: Children experience high quality facilities

Children experienced environments that were well-maintained with plenty of natural light and ventilation. Children's artwork was displayed, providing children with ownership of their setting as well as creating a sense of belonging. Trailblazers had a cosy space for children to rest and relax. Hazelhead were in the process of creating a similar space during the inspection. Children in Hazelhead would benefit from having access to a quieter, cosy space, when the club is busy.

The layout of the spaces ensured that children had room to play and could move around the area. Children used these spaces well to explore their ideas and interests. Resources were age and stage appropriate, and children had the freedom to transport these around the environment to support their play and experiences. We discussed the benefits of offering more mark making and craft materials, real resources such as old phones, keyboards, more loose parts and open-ended resources. These types of resources would add great value to the experiences the children were having while at the clubs.

Staff, parents, and children told us they had the opportunity to play outdoors most days. During the inspection, half the sessions were spent outdoors together. This contributed to children's health and wellbeing, extending their play and giving them choice in where to play. Parents told us their children's experiences were supported through interesting and fun play experiences and the opportunity to play outdoors. One parent said, "Quite often at pick up the children are watching a DVD. I do see my child playing with building blocks, and know they have the opportunity to play games and draw. I don't know what other experiences are on offer to them. I do like that during good weather they can play outside, such as football, swing ball, hoops etc." Another parent said, "Playing games, playing with friends, going outside to play football." This contributed to children experiencing play and learning opportunities both inside and outdoors.

Systems were in place to support keeping children safe. Risk assessments helped staff to mitigate risk and enhance children's safety. We saw children being collected safely from school. Children also played safely on the grass at Hazelhead Park. Children wore high vis vests and we noted when asked, that they were aware of the boundaries. One child said, "We're allowed to play as far as that tree there, and that tree there" pointing to either side. We suggested the service explore the Care Inspectorate's SIMOA campaign with the children. This would support staff to consider the language they used with children around being safe, and enhance their understanding of risk and keeping themselves safe.

Infection control measures were understood and implemented effectively by staff. Hand washing routines were embedded with children washing hands upon entering the clubs, as well as before and after snack. Staff protected children by providing a clean and hygienic environment, and Personal Protective Equipment (PPE) was used at appropriate times, such as food preparation. This contributed to keep children safe and well.

## 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's vision, values, and aims were shared with families attending the club. During our inspection, some of these were evident as we saw that the children were happy and safe. We suggested these could be developed further, considering input from staff, children, families, and community in connection with Hazlehead OOSC. This would ensure these were reflective of the needs of everyone working at and using the service.

Children and their families' views and suggestions about their care and experiences were valued by staff. We received a mixed response from parents with regards to being involved in a meaningful way to help develop the service. Informal approaches such as a suggestion box and newsletters were used to communicate with parents. The manager told us they had changed their system for applying sun cream due to a suggestion from parents. Parents told us they valued informal conversations with staff. We saw that the manager had a questionnaire prepared to send out to parents. We discussed how a more formal approach, such as these questionnaires, would ensure all parents felt listened to and would create a collaborative approach to improvement.

Staff told us they felt well supported by the manager and colleagues in the club, meaning they were motivated to improve the service provided. Staff monitoring and appraisals were in place, which supported staff to feel more confident in their role. Staff meetings allowed time for the team to come together at different levels to reflect on developments and drive forward improvements.

We acknowledged that work had been done to improve the setting, for example, developing personal plans, medication, and purchasing new resources. The setting had an improvement plan in place which informed a monthly development plan. This had supported developments. We discussed focusing on new areas and using quality audit tools, such as, the Care Inspectorate document, 'A quality framework for daycare of children, childminding and school-aged childcare' to support reflection and developments to service delivery. This would help the club to document and evaluate improvements in full, bringing about positive change to outcomes for children and families.

The setting had a system of auditing, staff monitoring, and appraisals in place. However, we discussed the benefit of using a quality assurance calendar to document this, which could be shared with all staff and would support the identification of areas requiring improvement, having a meaningful and positive impact on outcomes for children.

## 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.

## Quality indicator 4.3: Staff deployment

Staff demonstrated a warmth and interest towards the children they cared for. When asked what they liked about the service, one parent said, "Safe location, friendly consistent staff." Another parent said, "The staff are friendly." This resulted in children being settled, happy, and confident.

Management recognised the importance of ensuring the service was appropriately staffed at all times. The deployment of staff was effective, they were flexible in their approach, communicating with each other, and taking direction from the co-ordinator. Staff moved with children to support the running of the service and the needs of children.

Staff were appropriately qualified. Some were working towards gaining relevant qualifications and had some knowledge of child development and learning. Staff were able to discuss how they had identified individual areas for development and were supporting children with their social skills. Staff were committed to their professional development to ensure they delivered a good quality service and improved outcomes for children. They had undertaken a range of training, relevant to their practice. They used a training log to reflect on the effectiveness of training events attended. When talking to staff, some said they found it difficult to reflect on training and learning. We discussed including these conversations at appraisals to develop staff confidence. Reflecting on training and considering the impact on outcomes for children, would allow them to identify further training needs.

There had been no new staff since our last inspection, however, we could see a staff induction was in place. This contributed to new staff having a good understanding of their roles, responsibilities, and effective ways of working.

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

### Requirements

#### Requirement 1

By 27 March 2025, the provider must ensure that children's health and wellbeing are fully supported.

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

- a) the recording of medication meets current best practice guidance;
- b) staff are knowledgeable and competent in the safe administration and recording of medication; and
- c) audits of medication identify any areas for improvement and that these are rectified promptly.

This is to comply with Regulation 4 (1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).



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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 30 January 2025.**

#### Action taken on previous requirement

Medication had been an improvement focus since the last inspection. Medication was stored safely and securely. Medication records sampled now contained relevant information to help staff with safe administration. Reviewing medication regularly with parents ensured the most up-to-date information was held in the service. Audits were now in place to support this process. This meant that children were kept safe and well.

**This requirement has been met.**

**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 support children's health, wellbeing, and development, the provider should ensure that children are supported to stay hydrated.

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

'I can drink fresh water at all times' (HSCS 1.39).

**This area for improvement was made on 30 January 2025.**

#### Action taken since then

Water was available to children throughout the sessions. We saw staff encouraging children to drink, particularly at snack time and outdoors.

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

#### Previous area for improvement 2

To support children's wellbeing, the provider must ensure that all personal plans accurately identify children's needs and how they will be met.

Personal plans must be reviewed and updated, with key information where required, in partnership with parents and carers, at least every six months, or more frequently if there are changes.

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

'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 area for improvement was made on 30 January 2025.**

## Action taken since then

Personal plans had been an improvement focus since the last inspection. Each child had a personal plan in place and they were now reviewed regularly with parents. This meant that meaningful information was now kept on individual children, allowing staff to meet their needs.

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

## Previous area for improvement 3

To support children's wellbeing, learning, and development, and promote age and stage appropriate play and learning opportunities, the provider should provide challenging and interesting play opportunities within a well-resourced environment.

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

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

**This area for improvement was made on 30 January 2025.**

## Action taken since then

Since the last inspection, new resources had been purchased, particularly for outdoors, which we saw the children enjoy exploring. This offered interesting play opportunities for the children.

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

## Previous area for improvement 4

In order to support high quality experiences and positive outcomes for children's development, learning, care, and support, the provider should ensure that quality assurance and improvement processes are robust and effective to drive forward improvement.

This should include, but is not limited to:

- a) further developing parents, carers, and children's meaningful participation in the evaluation and development of the service;
- b) ensuring audits identify key areas for improvement and are progressed; and

c) continuing to develop improvement plans that support timely development and are outcome focused.

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

'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 30 January 2025.**

#### Action taken since then

During the inspection, we saw that quality assurance processes in place were effective and were driving forward developments. Children and families were more meaningfully involved, audits in place ensured information gathering was effective, and improvement plans supported improvements such as medication and personal plans.

**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
1.4 Family engagement	6 - Excellent

How good is our setting?	4 - Good
2.1 Quality of the setting for care, play and learning	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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