

Flexible Childcare Services (Aberdeenshire) – Huntly Day Care of Children

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Type of inspection:
Unannounced

Completed on:
14 July 2025

Service provided by:
Flexible Childcare Services Scotland
SCIO

Service provider number:
SP2019013370

Service no:
CS2019376988

About the service

Flexible Childcare Services (Aberdeenshire) - Huntly is a day care of children service. It is registered to provide a care service for a maximum of nine children at any one time, who are of an age to attend school. At the time of the inspection the service was delivered from the multi-purpose hall in The Linden Centre, Huntly. The children had access to the hall, toilets and outdoor areas. The hall was close to local amenities such as parks and shops.

There were four children present during the inspection.

About the inspection

This was an unannounced inspection which took place on 11 July 2025 between the times of 09:25 and 15:25. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with children using the service and two of their parents/carers
- received two completed questionnaires
- spoke with staff and management
- observed practice and 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

- Children's wellbeing was supported by kind and caring interactions from staff.
- The manager and staff should ensure that they have enough information regarding children's needs to fully promote children's health and wellbeing.
- The provider was currently looking at alternative premises which would better promote positive experiences for children.
- There was a commitment to improvement and the manager had identified areas for development which were currently being progressed.
- Children's wellbeing was promoted by an enthusiastic staff team.

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?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 1.1 - Nurturing care and support

Children's wellbeing was supported through interactions with staff that were kind and caring. This was the first session of the summer holidays meaning that not all families knew staff. Staff took the time to introduce themselves to parents and children and chat with them in the morning. This supported positive transitions for children.

Children's dignity and privacy was protected during personal care such as changing and eating. Staff followed children's lead and preferences on the level of support and how it was offered. Children were given time to express themselves.

Children were offered fruit at snack times and brought packed lunches with them. Most children ate in the kitchen area and staff sat with them. This supported the building of relationships and promoted a sociable experience.

Personal plans were in place for children who had previously attended the service. These contained information to support staff in meeting children's needs and promoting their health and wellbeing. Staff accessed the plans prior to the session to familiarise themselves with children's needs, interests and preferences. Not all the plans had been updated prior to the holiday sessions starting. This meant that staff were not accessing the most up to date information around children's interests and preferences.

There was a policy and paperwork in place to support the safe administration of medication. This was not followed on the day of inspection, as one child did not have the appropriate paperwork completed. This meant that staff did not have all the permissions they needed to support the child's health and did not initially store the medication appropriately. The manager took steps to rectify this during the inspection visit. The manager and staff should ensure that they have all the information needed to meet a child's needs before the child is left in their care. **(See area for improvement 1.)**

The service worked well with some of the agencies involved in children's care. Information was held on other agencies supporting opportunities for links to be made and information sharing. However, these opportunities were not always being used to the full potential to promote a continuity of care. Staff should make the most of these in order to fully promote a consistent approach to children's care across all agencies.

Children's safety was promoted as staff showed a good understanding of their role in recognising, recording and referring any concerns they may have. Staff had an understanding of factors that may impact on a child's wellbeing. They were able to discuss how they could support children and families at these times.

Quality Indicator 1.3 - Play and learning

Children were having fun and leading their own play during the session. This was promoted through their ability to access the resources on offer and staff following children's cues. For example, supporting the children in physical games or sitting with them to read books, draw or access sensory resources. Some

resources had been set up before children arrived. However, these did not reflect all the children's current interests. For example, one child had been noted as being particularly interested in water play but this was not available. This meant that some children could have been more engaged through opportunities to follow their interests. Staff should consider how they are using observations of children's interests and engagement to support them to plan activities which will fully engage children.

Children had access to books and mark making resources, supporting some opportunities to develop their literacy skills. Children's communication was supported through the use of pictorial aids, gestures and one staff member used Makaton signs. More consistent use of Makaton across the staff team would have more fully supported children's communication. Some of the electronic resources such as sound pads supported children's interest in number and letter recognition.

Children attending previous holiday clubs had accessed nearby facilities such as parks and green spaces. There were plans to repeat these activities during the summer club. This will extend children's experiences and support their confidence in their community. As this was the first session of the holiday provision, these areas were not accessed during our visit. Interactions from staff generally supported children's participation in the activities offered. There were some missed opportunities for staff to extend children's play. More up to date information around children's individual interests and skills will support staff in using interactions to promote positive experiences.

At the time of inspection, staff were not consistently recording their observations of children's achievements and experiences. This limited the effectiveness of planning for children's progression. A new planning system was about to be implemented. The manager should ensure that this is effective in supporting staff to record and plan for children's progression. **(See area for improvement 2.)**

Areas for improvement

1. In order to promote children's health and wellbeing the manager and staff should ensure that they have sufficient information to support the safety of children. This should include but not be limited to:

- information and permission to administer children's medication
- information to support the assessment of risk for individual children
- up to date information on children's interests and preferences

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).

2. In order to support me to reach my full potential the staff should improve the system of observing, assessing and planning for my learning through positive play experiences.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Quality Indicator 2.2 - Children experience high quality facilities

At the time of inspection, the service was provided from a hall in Linden Community Centre. Although there was plenty of natural light there was limited opportunity to manage the ventilation and heat in the room. This had been identified as an area for development by the manager. Tables and chairs were provided by the community centre and were not all of an appropriate size to fully promote children's comfort. There were no areas where children could comfortably rest or relax during their time at the service. The use of softer furnishings such as cushions, rugs or beanbags should be used to provide more relaxing comfortable areas for children to rest. **(See area for improvement 1.)**

Children had no direct access to the outdoors from the hall. To support children's health and wellbeing through outdoor play, staff used a small, enclosed garden within the community centre campus. Children enjoyed their time in this area which supported opportunities for more physical play and exploration. Children were able to access developmentally appropriate resources, indoors and outdoors. However, there was a limited range of these and they did not fully reflect children's current interests. The manager had identified this and was working to extend the variety available.

Children's health was promoted as the areas they accessed were clean and well maintained. Risk assessments were in place and identified hazards as well as mitigating actions to reduce the risk of harm. Some of these could have contained more detail in order to support staff to know what to do in specific situations. The manager agreed to review the risk assessments and add the detail as appropriate.

Most infection prevention and control practices accurately reflected current guidance, promoting children's health. This included hand washing for staff and children and the wiping of surfaces. During snack, staff wore gloves and aprons as per their policy. However, staff did not change or remove the gloves when completing tasks out with the serving of food. We asked that they revisit the guidance and ensure it is consistently reflected in practice.

The privacy of children and their families was protected by the safe storage of information. This included password protection on any devices and the removal of paper copies of records each evening.

Areas for improvement

1. In order to further children's health and wellbeing and support their learning and development the provider and manager should provide premises which are welcoming and comfortable with resources which are stimulating and reflect children's interests.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

How good is our leadership?**4 - Good**

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

Quality Indicator 3.1 - Quality assurance and improvement are led well

The vision, values and aims of the service and provider are shared with parents in an attractive booklet and support parents to know what to expect from the service. Plans were in place to replace the noticeboard to enable the service to meet the requirement to display their registration and insurance certificates while operating.

Due to the operating pattern of the service, one day per week during school holidays, there were challenges in gaining feedback from families. However, attempts had been made to overcome this with surveys being sent to parents. The manager should continue to develop ways to ensure that families have opportunities to provide feedback and become involved in the development of the service.

Staff and manager carried out an informal evaluation of each session as it ended. This was then used to influence the provision the next week or the next block of provision. We suggested that recording these evaluations would support the pace of change and ensure that all intended actions are completed.

Quality assurance procedures were in place which included audits of processes and paperwork. These had identified areas to be developed, which included changes to the format of personal plans and increasing the range of resources.

The acting manager had completed an initial evaluation of the service when they started in April. They were beginning to implement some of the changes now that sessions were running again. Parents and children had some opportunities to provide feedback but this was not yet being used to influence the evaluation of the service provided. The manager and provider were considering ways to encourage further feedback from parents which would be used in future evaluations.

An improvement action plan was in place and showed that changes had been made as well as actions for future developments. Where changes had been carried out these were in the early stages and the impact was yet to be evaluated. The manager was enthusiastic when describing the intended outcomes of the changes and how they hoped to achieve these.

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

Children's wellbeing was supported as there were enough staff to meet their needs. There was a balance of skills and experience across the small staff team.

Children were well supported during the transitions of the daily routine. This included staff taking time to speak to children and parents on arrival and giving children plenty time to prepare for next steps in the daily routine. Staff took time to read personal plans for each child before they arrived, supporting them to know how to meet children's needs. As previously stated, the manager should ensure that there is time prior to the sessions starting for all information to be updated and reviewed.

Staff took time to speak to parents when they collected their children. They exchanged information about the child's experiences and enjoyment. This supported opportunities for parents to share further information and provide feedback on their child's care and support.

Staff routinely took their breaks with the children, supporting relationships and a continuity of care across the day. The senior staff member checked to ensure that staff who needed time away from the group were able to have this. This supported staff to rest and be refreshed promoting positive interactions and care for the children. Any staff absences were covered by relief staff. The manager acknowledged the importance of attachments with staff and, where possible, used staff that were familiar to children and their families. This supported a continuity of care through positive relationships and attachments.

Families did not know the current staff team as they were new to this service. Sharing some staff information prior to children starting may have made this transition easier for parents and children. The manager understood the importance of building relationships and had planned for these staff members to be the core team throughout the holidays.

The staff team communicated well with each other to meet the needs of children. The senior member of staff provided guidance and support to less experienced staff members. At mealtimes staff could be in different rooms. We suggested that walkie talkies may support continued communication at these times. Children benefitted as staff worked well as a team. They were courteous and respectful to each other providing a relaxed and comfortable ethos for children and families.

Staff had attended training and were confident when discussing the impact of this on practice. They told us that the service induction had been useful in supporting their confidence in their role. We suggested that staff make more use of national best practice documents to reflect on their practice. This would support staff in identifying areas where further professional development would support them in providing positive experiences for children. For example, in adhering to infection prevention and control guidance more closely.

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	3 - Adequate
1.3 Play and learning	3 - Adequate

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

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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