

Mile End Out Of School Care Day Care of Children

Mile End Community Centre
Midstocket Road
Aberdeen
AB15 5LQ

Telephone: 07825353112

Type of inspection:
Unannounced

Completed on:
16 July 2025

Service provided by:
Aberdeen City Council

Service provider number:
SP2003000349

Service no:
CS2003001789

About the service

Mile End Out Of School Care is based within Mile End Primary School in Aberdeen. The service is registered to provide care to a maximum of 50 children of primary school age at any one time, with no more than 40 during school term time. This may include up to a maximum of six children of secondary school age. Up to 35 children were present at the time of inspection.

The service operates before and after school during term time, and between 08:00 and 18:00 during school holidays. Children have access to rooms two, three, four, and the GP room. They also were able to access the dining room, gym hall, sensory room, and different outdoor spaces, including the playground, playpark, and all-weather pitch. The service is close to local parks, green spaces, and other amenities.

About the inspection

This was an unannounced inspection which took place on 15 July 2025 between 09:10 and 17:45 and 16 July 2025 between 08:15 and 12:10. 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
- spoke with seven of their parents/carers
- received 10 responses to our request for feedback from parents and staff through our online questionnaire
- 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 were cared for by staff who knew them well.
- Children benefitted from opportunities to develop their life skills.
- Daily access to outdoors supported children's health and wellbeing.
- Children's interests were promoted through their play and learning experiences.
- Quality assurance processes should be further embedded to continue to support quality care and experiences.
- Staff were mostly well deployed and worked well together to meet children's needs.

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**. We identified several strengths, which 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 interactions and were settled within the service. Children were comforted if upset and ongoing reassurance and encouragement was given. These positive interactions promoted the development of children's confidence and attachment to staff which supported them to feel safe and secure. Children and families commented positively on the relationships that had been developed with staff. One parent shared, "It's safe and lovely and caring staff looking after our children". A child commented, "The staff are really nice".

Each child had a personal plan which supported staff to identify and meet their individual needs. Where children had specific additional support needs, there was a more targeted care plan in place. These identified clear strategies of support linked to children's wellbeing. Overall, personal plans contained key information, such as medical needs. Staff had a good knowledge of children's plans, sought advice from professionals, and welcomed multi-agency working. For some children, their plans did not hold enough detail to fully identify their individual interests and preferences. We raised this with the manager on the first day of inspection who took immediate action to implement a system to ensure there was enough detail for staff to use in supporting children. We refer to this further under Key Question 3 ('How good is our leadership?').

Children's health and wellbeing was supported through nutritious food options and access to fresh water throughout the day. There were opportunities for children to develop their independence, such as spreading and pouring of their snacks and drinks. Staff sat with children throughout mealtimes, which supported their safety. Children spoke positively about snacks, with one commenting, "We get different snack every day". Some staff were confident in engaging in meaningful conversations with children to promote a sociable experience. We discussed with the manager how this could be made more consistent across the staff team to ensure children experience consistently positive mealtimes.

Opportunities to rest and relax supported children's wellbeing. Staff were mindful of individual children's ages and stages of development and supported them to access spaces which were consistent with their routines. For example, children spent time using the sensory room which promoted their emotional security as this was a familiar space for them. Where some older children wanted to spend time reading, staff used curtains to provide a more enclosed space where they could concentrate. This meant that staff were flexible in their approach to children having access when they needed to rest and recuperate.

Staff were knowledgeable about children's health needs and knew the signs, symptoms, and actions to take where a child may require medication. Overall, medication forms contained accurate information. We advised a few improvements to the storage of medication which were immediately actioned by management. This contributed to keeping children safe and well.

Children's safety was supported by staff's understanding of their role in identifying, recording, and reporting any protection concerns. All staff had undertaken relevant child protection training and a policy linking to current guidance was in place. Chronologies and wellbeing records were used to record significant events in a child's life that may impact on their health and wellbeing, including any follow up actions which were

relevant. This promoted continuity of care for children and their families.

Quality Indicator 1.3: Play and learning

Children had fun and were engaged in their play. They were able to make choices about their play and had freedom to decide how they spent their time. Staff supported children's choice and were responsive to their interests. Children actively engaged with planned and spontaneous activities, such as crafts, small world play, board games, and outdoor play. Staff were flexible in their approach to promote children's interests. For example, staff had planned a game of bingo but children suggested playing hide and seek, which staff enthusiastically facilitated. One child shared with us their favourite thing about the club was "fun play". A parent advised, "I like the range of activities that are on offer".

Play and learning opportunities promoted children's interests. Staff actively encouraged children's thoughts and ideas when planning experiences through the use of monthly mind maps. Children gave suggestions of their interests and experiences they would like which was then used by staff to inform responsive planning. For example, children had suggested "dungeons and dragons" and "scary stories" and staff had provided time and resources to do this. There was further scope for children to be involved in evaluation of their play and learning experiences. We suggested ways, such as using digital books or floor books, to encourage children to share their views and reflect on their learning to continue to plan experiences they enjoy.

Children's experiences promoted the development of their life skills. Most staff interactions enhanced learning for children through the use of role modelling and open-ended questioning, which encouraged further conversation. For example, children had the opportunity to do crocheting and pom-pom making and many children spent time actively engaging with this. Staff gave them time and space to do this at their own pace and offered support when needed. We discussed with management that the consistency of quality interactions could be supported through peer monitoring and modelling. This would further contribute to challenging children to support them to expand on their ideas.

Opportunities to develop language, literacy, and numeracy were embedded within children's experiences. These were relevant to their different stages of development. Children accessed a range of books, including comics, annuals, and fiction stories. They also used and had access to drawing materials and had been involved in purposeful writing experiences, such as making lists and mind maps. While some children developed their numeracy skills through board games and active games outdoors, there was scope for this to be further developed. We highlighted that the addition of materials, such as measuring tapes and scales, would support children in developing numeracy skills as they play.

Children benefitted from connections with the school and wider community. They shared they enjoyed regularly using the "astro [pitch]", "playground", and "park". They regularly accessed different opportunities in the local community, such as local beaches, parks, and other amenities. Children and staff enthusiastically spoke about an upcoming beach combing trip and an outdoor fun day with other clubs from the area. This contributed to children's sense of belonging and offered new opportunities within their local community.

How good is our setting?

4 - Good

We evaluated this key question as **good**. We identified several strengths, which 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 across three playrooms, where they could move freely between. All rooms provided ample space for children to play and extend their ideas. The spaces were well ventilated and were bright

from natural light which supported children's health and wellbeing. Children's artwork and photos were displayed, which promoted a welcoming environment, giving them a sense of ownership.

Children's health and wellbeing was further promoted through free-flow access to outdoors. The outdoor spaces provided a variety of active play experiences, such as group games, ball skills, and pedal vehicles. Parents agreed their children had opportunities to play outdoors and commented positively on these experiences. One parent shared, "The astro [pitch] is such a great resource" and another advised, "[My child] loves getting to play outdoors before school".

Children had access to a range of resources. This included construction kits, role play toys, table football, sand tray, and soft play equipment. Children chose where and how they spent their time. We identified that some areas would benefit from being replenished and set up more invitingly to promote children's engagement. For example, there were limited materials in the role play kitchen and, as a result, children chose not to play with this. We suggested embedding more real life objects and natural materials throughout the environment to support meaningful play experiences. This would promote opportunities for children to use their imagination and creativity.

Systems were in place to help keep children safe. Risk assessments helped staff to mitigate risk and enhanced children's safety. However, we identified there was a potential risk where children could exit the building through doors which were shared with other building users. We raised this with the manager who took immediate action to implement additional safety measures and agreed to monitor. While staff mostly followed the service's procedures to support children's safety, we highlighted that strategies could be more consistently embedded into daily routines, such as head counts when transitioning to different rooms such as the dining room and gym hall. This would continue to support children's independence but would further promote their safety.

Infection control procedures supported a safe environment for children and staff. Children were protected by staff using gloves and aprons at appropriate times, such as when carrying out personal care. Regular handwashing routines were embedded at key times of the day, such as before and after eating. This supported children to remain safe and well.

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The service's vision, values, and aims were shared visibly with parents. These included "Provide a happy and fun environment". These were reflected in practice and staff spoke enthusiastically about providing a fun and inclusive experience. This supported children and families to understand what to expect from the service.

Staff advised they were led by a "supportive" management team. Regular team meetings provided opportunities for staff to reflect and share practice. Staff took part in regular self evaluation and it was evident that they were beginning to feel more confident in reflecting on their practice through this process. Management valued staff's contributions and were keen to distribute some leadership roles. Staff were taking on responsibilities, such as leading activities and taking forward roles at open days. For example, staff recently held an open day for families to celebrate diversity and learn about different cultures. Children and staff spoke enthusiastically about this, such as new places, foods, and languages they had learned

about from each other. This contributed to staff feeling valued and empowered to contribute to the development of the service.

Children and families had opportunities to be meaningfully involved in developing the service. Parents were regularly asked for feedback in a variety of ways and their suggestions were used to influence change. These included questionnaires and open days, with feedback then shared with families which supported them in feeling valued. Children were encouraged to share their thoughts and ideas through regular mind maps for specific aspects, such as snacks and activities. Children's meetings had previously taken place to promote children having some ownership over decision making. We highlighted the benefits of facilitating these meetings regularly and the manager advised this was being considered for the new term. This meant positive relationships were contributing to a collaborative approach in promoting good outcomes for children.

A clear improvement plan was in place which contributed to the cycle of continuous improvement. Plans were broken down into realistic and achievable goals. Staff had a shared understanding of the priorities and their role in working towards these. However, the service had not yet identified how the improvement priorities were impacting outcomes for children. We encouraged the manager to now take time to evaluate progress and reflect as a team on how children's experiences have benefitted from any developments.

Quality assurance processes were beginning to have a positive impact on outcomes for children. A quality assurance calendar was in place and aspects of this were being carried out, such as self evaluation using 'A quality framework for daycare of children, childminding, and school-aged childcare'. However, audits and supervisions of practice were not effectively embedded. This meant there was a potential for inconsistencies in practice and some key areas of improvement had not been fully identified. We encouraged the manager to introduce audits of practice across the service, such as environment, medication, and personal plans, to promote consistency in children's care. Following the inspection, the manager advised audits had been created to support good outcomes for children (see area for improvement 1).

Areas for improvement

1. To keep children safe and promote their wellbeing, the provider and manager should ensure effective quality assurance processes are in place, including robust audits and monitoring of staff practice.

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).

How good is our staff team?

4 - Good

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

Quality Indicator 4.3: Staff deployment

Staff were kind and caring in their approach with children. Parents told us they were happy with the care and support their child received and described staff as "caring", "helpful", and "inclusive". Children described staff as "nice" and "fun". Children had developed positive relationships and secure attachments to staff, meaning they were comfortable and confident in the setting. Staff showed a genuine interest in their role and children's experiences. As a result, children felt included and respected.

Staff communicated effectively to promote good outcomes for children and families. They spoke respectfully to each other and shared relevant information to support children throughout the day. While leaders directed staff to ensure they were deployed effectively, we identified a couple of occasions where staff did not always clearly communicate if they were moving areas. We raised this with the manager who agreed to monitor to continue to support children's safety.

Information was shared with families through a "Google site". This included regular updates and photos to keep families up-to-date with key information. Staff took time to speak to parents at the beginning and end of the day to share information. This supported positive transitions and good communication with families. One parent commented, "We are always given an update of [my child's] day".

Children were cared for by a staff team with a range of experience and skills. They worked together to support children in receiving the care and support they needed. Staff were flexible in their approach to ensure children's needs were met. Where required, staff worked on a one-to-one basis with children to fully support them. More experienced staff supported newer team members in their roles, which promoted continuity of care for children. This contributed to the smooth running of the session. As a result, children were effectively supported by familiar staff.

Children's experiences were supported through staff taking part in training which was relevant to their role. Staff had completed core training and shared how this had positively impacted on their role. Many staff enthusiastically spoke about training they had undertaken in relation to supporting older children and being trauma-informed in their practice. Staff had opportunities to reflect on their training and identify further development needs through the appraisal process with senior staff. This contributed towards positive experiences for children through staff who were skilled and supported in their role.

A supportive induction process for new members of staff helped them grow in confidence and become competent in their role. All staff accessed an online information site which signposted them to relevant guidance and information. During the holiday club, staff based at different services within the organisation came together at the club. Staff spoke positively about being able to learn from each other and share practice through this. This meant that children benefitted from a staff team who were committed to providing quality care.

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?	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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