

# Menzieshill Out of School Care Club

## Day Care of Children

Tayview Primary School  
180 Dickson Avenue  
Dundee  
DD2 4EH

Telephone: 07470708182

**Type of inspection:**  
Unannounced

**Completed on:**  
12 August 2025

**Service provided by:**  
Menzieshill out of school care club

**Service provider number:**  
SP2003000129

**Service no:**  
CS2003000719

## About the service

Menzieshill Out of School Care Club is a day care of children service. The service is registered to provide a care service to a maximum of 65 children at any one time, of an age to attend primary school. Within these numbers, a maximum of 20 children can be cared for in the out of school club room at any one time.

The school age childcare service operates from Tayview Primary School and benefits from having access to a community room, dining hall with nearby toilets, gym hall and playground.

## About the inspection

This was an unannounced inspection which took place on 11 and 12 August 2025. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service;
- received feedback from 17 families;
- received feedback from five staff;
- spoke with staff and management;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- Positive connections had been formed between staff and children which supported them to feel secure.
- We encouraged the service to consider creating more cosy, nurturing and relaxing spaces to allow children different opportunities to rest or relax.
- Personal plans were not consistently completed or reviewed in line with current legislation. This resulted in some plans not reflecting children's development and wellbeing needs.
- Resources were well-matched to children's developmental stages and supported meaningful learning experiences.
- Opportunities for meaningful involvement in families evaluating the service and shaping its development was limited.
- Staff were passionate about the care and experiences they provided children in their care.

## 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, where strengths only just outweighed weaknesses.

### Quality indicator 1.1: Nurturing care and support

Staff knew children well and spoke confidently about children and families. Families shared with us "the staff are very good at informing me of my child's day and how they have been. Staff are very attentive" and "everyone is extremely friendly and chatty whilst also professional. My child loves them all".

Staff interactions were nurturing and responsive, with staff consistently engaging at children's level during play and conversation. For example, when a child became upset following a disagreement, staff provided calm and comforting support, helping the child feel heard and emotionally supported. This approach reflects a strong commitment to building secure and respectful relationships.

Children's health and wellbeing were promoted through access to fresh water and staff encouragement to stay hydrated throughout the day. However, snack time routines could be enhanced to support children's independence and self-help skills. Opportunities such as preparing food, setting up meal spaces, and clearing away would help children take ownership of mealtime routines.

Although no medication was stored at the time of inspection, inconsistencies were identified in medication procedures. For example, some forms lacked parental signatures and confirmation of administration. Management was advised to review and strengthen medication protocols to ensure children's safety in the event medication is required. **(see area for improvement 1 under quality indicator 3.1).**

Personal plans were in place and included registration forms and children completed 'All About Me' forms, and reviews were carried out with parents. However, some plans lacked specific information needed to support children. For example, tailored support needs, dates and reviews were not consistently recorded across plans. Strengthening personal planning would enable staff to deliver consistent, individualised support that promotes children's wellbeing and development. The service was signposted to relevant personal plan guidance.

Staff demonstrated confidence and awareness in safeguarding responsibilities. They had completed child protection training and were clear on procedures and indicators of concern. Staff shared:  
"My child protection training has helped me better understand my role."  
"It has influenced me in many ways on how to keep children safe and how to spot if something is a concern."

Chronologies were in place and well-maintained, with clear records of dates, events, people involved, and actions taken. This supports the service in tracking and monitoring significant events in children's lives.

### Quality indicator 1.3: Play and learning

Children were observed to be happy and engaged in their play, with laughter and giggling heard throughout the spaces. Staff were skilled in tailoring their interactions and engagement with children to meet their developmental stages and interests. For example, they initiated conversations about football, computer games and children were observed confidently inviting staff to join in games, and staff responded sensitively. This helped create a responsive play environment where children felt confident, respected, and supported. Parents told us "the staff at the club are very aware of my children's needs and wants", "staff always take an interest in the children and their hobbies" and "there is a variety of activities for children".

Opportunities to develop language, literacy, and numeracy were considered. For example, children were busy and engaged with board games, craft materials, and books, which supported their development, interests and provided appropriate challenge.

Floor books showcased children's work, interests, and reflections about their club. Children had ownership of these books, with their comments and writing clearly visible. They were displayed for parents to view, offering children a platform to share their creations and experiences. Children's artwork was displayed throughout the service, reinforcing the message that their creativity and interests are valued and celebrated. We discussed with management the benefits of updating documentation to strengthen how valued children were across the service.

### 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

The environment supported children to benefit from exploration and imaginative play. Spaces available allowed children to move freely and engage with their play, learning and interests. Resources and toys were accessible across different areas, which encouraged children to transport and repurpose them as part of their changing interests. The set up, available spaces and a range of resources supported children to be busy, engaged, and promoted choice and independence.

Opportunities for rest and relaxation were available but limited. We discussed with the manager where areas of provision could be further improved to better support children's individual needs. For example, during observations, some children expressed a desire to relax but were unable to do so due to cushions and beanbags being unavailable. Children also shared that they would like access to older resources for play, and some told us they enjoyed drawing and colouring but found the pens to be of poor quality. Attention to children's preferences and wishes could positively impact their comfort and strengthen their engagement and overall experience.

Risk assessments were in place and contributed to maintaining a safe environment for children, demonstrating that safety had been considered across the setting. For example, a detailed risk assessment had been put in place to support a new travel route whilst escorting children to and from school. We discussed with the manager where improvements and updates could be improved to ensure continued relevance and effectiveness. For example, we encouraged the service to strengthen its approach by clearly recording when assessments are reviewed, noting any changes made, and including staff acknowledgment of having read them. This could enhance accountability, ensure staff are consistently informed and support a safer and more responsive environment for children.

Infection Prevention and Control measures were in place and contributed positively to children's overall wellbeing. For example, children were observed washing their hands before meals demonstrating good hygiene practices. Some areas were highlighted to the service that needed addressed. For example, storage of mops and appropriate storage of opened food items once they had been opened. This would reduce the risk of cross-contamination, which could impact children's health and wellbeing. The manager provided reassurance this would be addressed as a priority.

Children were kept safe while attending the service. Gates remained locked throughout the inspection. Children demonstrated awareness of routines by informing staff where they were going. For example, when going to the toilet or choosing to play outside. This helped children to develop their independence and responsibility. Daily registers were completed and reflected expected attendance, with headcounts carried out at various points of the day. Staff shared that they would contact families if children did not arrive, and during term time, they would liaise with the school. These measures contribute to a secure and well monitored environment, helping children feel safe and supported.

Information about children and their families was kept in a safe and secure manner in line with general data protection regulations (GDPR). Sensitive information was stored safely, with physical records kept in a secure office.

## How good is our leadership?

## 3 - Adequate

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

### Quality indicator 3.1: Quality assurance and improvement are led well

The service had taken positive steps to describe its purpose through a written mission statement, which had been reviewed and documented alongside its aims and objectives. However, not all staff were familiar with these, which limited their influence on daily practice and decision-making. To strengthen a shared understanding and ownership, we encouraged the inclusion of staff, parents and children to be included in future reviews. This would help ensure the mission reflects the values and expectations of those delivering and receiving care.

A range of policies and procedures were in place to support the effective running of the service, and these were reviewed regularly and shared with staff. We shared where some policies would benefit from further review to ensure alignment with current best practice and guidance. For example, clarity around when the Care Inspectorate should be notified, the inclusion of emergency flowcharts for child protection, safer recruitment practices, and clearer guidance for staff and parents on complaints and whistleblowing procedures. While we recognise that policies are currently under review, strengthening these areas will help

ensure staff are well informed and confident in their responsibilities, ultimately contributing to a safer and more transparent environment for children.

The service had taken positive steps towards improving their approach to quality assurance. For example through implementing a calendar and beginning to identify key areas for review. However, the overall approach to quality assurance was not consistently effective. We identified the approach to accidents, notifications and medication had not recognised inconsistencies. This meant children's overall, care, health and wellbeing were not always supported by effective quality assurance processes.

The service had developed various documents that contributed to an improvement plan, which supported some positive changes, for example, enhancing how children were involved in the setting. However, the current approach to improvement planning could be strengthened to help ensure improvements are purposeful, measurable, and responsive to the needs of children and families. We signposted the service to the Care Inspectorate Hub, bitesize improvement videos, and a quality framework for daycare of children, childminding and school-aged childcare framework to support a more structured and inclusive approach. An area for improvement was made at the previous inspection and has not been met. See **'What the service has done to meet any areas for improvement we made at, or since the last inspection'**.

Management had taken steps to support staff development through training, and staff spoke confidently about the learning they had undertaken. However, there was no clear system in place to track or monitor which staff had completed specific training. This lack of oversight limits management's ability to maintain an overview of staff development and identify any gaps. Without effective tracking, there is a risk that essential training may be missed, which could impact staffing arrangements and the quality of care and support provided to children.

## Areas for improvement

1. To promote a culture of continuous improvement so that outcomes for children and families can be as positive as possible, the provider should develop and enhance the current approaches to quality assurance and self-evaluation. This should include but is not limited to:

a) the manager ensuring personal plans are reviewed and shared with parents/carers, at a minimum of every six month, plans include children's tailored needs, staff are competent with systems to support the safe recording and administration of medication.

This is to ensure 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);

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and

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

## 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 were supported by a staff team who demonstrated effective deployment across the service. Staff communicated clearly with one another about their movements, such as when covering areas or noting where particular children were playing. We observed staff positioning themselves in close proximity to children who may require additional support, ensuring their needs were met in a responsive manner. This approach promoted a safe and nurturing environment, helping children feel secure and enabled them to engage confidently in their play.

The service benefited from a stable and happy staff team. Staff shared that they felt happy and supported in their roles, contributing to a strong sense of teamwork and mutual respect. This positive, welcoming and nurturing ethos throughout the service, was evident in the interactions between staff and children which contributed to a consistent and emotionally secure environment for children. One parent told us "the fact my child always asks to stay longer, no matter the day or activity, when I go to pick them up is a great indication that their whole experience is very positive".

Staff had completed core training in areas such as child protection, first aid, and food hygiene, helping to build their awareness and skills in caring for children safely and confidently. Other staff shared that they planned to use the Scottish Social Services Council (SSSC) training platform to develop their knowledge and skills further. We highlighted how evaluations could be further developed to encourage staff to reflect in more detail on the back of learning and training. This would support staff to think about the impact and promote positive outcomes for children and families.

Basic recruitment procedures were in place prior to staff commencing their roles, including Protection of Vulnerable Groups (PVG) checks and references, which supported safe staffing practices. We discussed with the manager how references could be strengthened, for example, by clearly identifying whether they are character references or from previous employers and how the induction process could be enhanced. We signposted the service to the 'Safer Staffing Through Better Recruitment' guidance and the National Induction resource to support improvements in this area. Improving these areas would help ensure staff are appropriately vetted and well-prepared for their roles.



## 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 improve practice and outcomes for children, management and staff should formally evaluate the service and develop a continuous quality assurance system to support the development of the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 12 September 2024.**

#### Action taken since then

The service had developed various documents that contributed to an improvement plan, which supported some positive changes. Initial steps towards strengthening quality assurance included the implementation of a calendar to guide key tasks. However, the overall approach to self-evaluation and quality assurance was not consistently effective. Without a robust and reflective system in place, there is a risk that areas for development may not be identified or addressed in a timely manner. Strengthening these processes would help ensure continuous improvement and a more responsive service, ultimately enhancing outcomes for children.

**This area for improvement is no longer in place and has been incorporated into a new area for improvement under Key question 3: How good is our leadership?**

### 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	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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