

Inverurie Out Of School Club Day Care of Children

Uryside School
Peregrine Drive
INVERURIE
AB51 6AS

Type of inspection:
Unannounced

Completed on:
6 August 2025

Service provided by:
Inverurie Out of School Club

Service provider number:
SP2003000501

Service no:
CS2003002637

About the service

Inverurie Out Of School Club is based within Uryside Primary School in Inverurie, Aberdeenshire. The service is registered to provide care to a maximum of 60 children who currently attend school up to the age of 15 years at any one time. Up to 30 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 the dining room, games hall and a large outdoor playground. The service is close to local parks, shops and other amenities.

About the inspection

This was an unannounced inspection which took place on 4 August 2025 between 09:20 and 17:35 and 6 August 2025 between 14:00 and 15:15. 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 five of their parents/carers
- received 25 responses to our request for feedback from parents/carers and staff
- 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 happy and comfortable when attending the club.
- Staff took a genuine interest in the children's interests and experiences.
- Improvements to the storage and recording of medication should be developed to support children's health.
- An embedded self-evaluation process supported a continuous cycle of improvement.
- Children benefitted from accessing a range of interesting resources.
- Daily opportunities to be outdoors supported children's health and wellbeing.
- Children were cared for by a staff team who were committed to their roles and worked well together.

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?	5 - Very 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 different parts of this key question as good and very good with an overall grade of 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 were happy and settled within the service and received kind interactions. Children were supported if upset and staff took time to reassure and comfort them. These positive interactions promoted positive relationships and the development of children's confidence. This supported them to feel safe and secure. Children and families commented positively on the relationships that had been developed. One parent advised, "[the staff] really care about the children." A child shared their favourite thing about the club was, "Seeing staff and friends."

Families were warmly welcomed into the service. At drop-off and pick-up times, parents and carers were invited in and many chose to spend time with their child or speak to staff. Most parents advised they were welcomed in and were able to discuss their child's progress. A parent shared, "If I need to discuss my child, staff are more than willing to help." Management and staff spoke enthusiastically about working collaboratively with and involving families to support good outcomes for children.

Children's wellbeing was supported through the effective use of personal planning. Each child had a personal plan which contained key information such as medical needs. Staff were knowledgeable about individual children's needs and strategies of support. Plans were reviewed regularly with parents, which ensured information was relevant. We identified that for some children, plans did not hold enough information to fully detail children's individual preferences and some information could be reviewed with children to reflect their current interests. We raised this with the manager on the first day on inspection. They were responsive to the suggestions and began considering how the current system could be developed. This would support staff to be consistent in meeting children's individual needs.

Children enjoyed unhurried snacks and meals together. Overall, meal times were well-organised and followed a consistent routine. Children had choice and some opportunities to be independent, such as adding the toppings to their pizza muffins. While staff supported a safe experience, we identified that children would benefit from adults sitting at the table with them when eating. This would further support a sociable experience for all children and promote positive eating habits.

Staff were knowledgeable about children's health needs and knew the signs, symptoms and actions to take where a child may require medication. Medication forms mostly contained accurate information and had been reviewed regularly. However, we identified some discrepancies such as an incorrect dosage on a consent form and one out of date medication. We also advised a few improvements to the storage of medication. These were actioned by the manager who agreed to monitor going forward (see area for improvement 1).

Children's safety was supported by staff's understanding of their role in identifying, recording and reporting any protection concerns. Chronologies 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 were busy and had fun as they played. They were able to make choices about how they spent their time and had freedom to take part in different experiences as they wished. There was a balance of planned and spontaneous activities such as crafts, board games, imaginative play and energetic play in both the games hall and outdoors. All parents agreed their children had opportunities to be involved in a range of opportunities and fun experiences. A parent shared, "Very varied opportunities and my child doesn't have to follow the full plan of the day" and another commented, "My children choose which toys they wish to explore and have found new interests and skills because of this."

Staff were flexible in their approach to supporting children's play and learning. Children's thoughts and ideas were welcomed and staff were responsive to their interests. Some children had created a 'show' in the games hall. They were provided with the space, resources and support they needed. Staff took a genuine interest in this and promoted further learning opportunities. For example, other children were encouraged to take part in a 'joke telling show' which supported their confidence. Children were also supported by staff to make signs and seating plans for the show. This meant that children had opportunities to extend their learning using different skills linked to their interests.

Staff interactions were kind and supportive which helped to promote a fun and relaxed atmosphere. Some staff used effective questioning to extend and develop children's individual learning. For example, staff involved children in colour mixing with paints and encouraged them to make predictions about what would happen if colours were added together. This supported children's individual learning in a way which was suitable for their age and stage of development. There were a few missed opportunities to extend children's thinking and develop their ideas. Staff should continue to develop questioning to provide further stimulation and challenge for children.

Opportunities for literacy and numeracy were embedded into daily experiences. Staff encouraged children to discuss their thoughts and ideas, which supported the development of their communication skills. Children accessed drawing materials and were taking part in purposeful writing experiences, such as writing their own songs. Numeracy skills were supported through children being involved in board games and active games. They recently had the opportunity to complete a timed obstacle course and record their individual time in the floor book. These experiences supported children's progress and development.

Children's ongoing learning and progress was supported through having opportunities to revisit and share their learning. Floor books containing photos and information about their experiences contributed to children and their families being familiar with the learning which had taken place. Photos of children's learning experiences were in their individual files which evidenced how their wellbeing needs were supported through play. Staff spoke enthusiastically about using these alongside the responsive planning and evaluations to plan for children's learning. This meant children were effectively supported to learn and progress.

Children benefitted from connections with the school and wider community. They shared they enjoyed regularly using the outdoor spaces within the school grounds as well as local outings. One child commented, "I like going on the trips." They accessed different opportunities in the local community, such as parks, shops and other attractions. This contributed to children's sense of belonging and offered new opportunities within their local community.

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure medication is stored and administered safely. This should include, but is not limited to:

- a) Medication forms contain accurate information which is consistent with prescription information.
- b) Medication is stored safely, out of reach of children.
- c) Robust quality assurance procedures support the safe storage and recording of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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 in an open-plan dining room and had access to the large games hall. There was ample space for them to play and extend their ideas. The space had good ventilation and natural light which supported children's health and wellbeing. Some children's artwork was displayed around the room which contributed to a welcoming environment, giving children a sense of ownership.

Children's health and wellbeing was further promoted through regular access to the outdoors. The large playground, climbing frames, grass field and multi-use games court provided a variety of spaces for physical activities. For example, children spent time on the climbing frames and riding scooters while others enjoyed a game of football. These opportunities supported children's physical development. Most parents agreed their children had opportunities to play outdoors. One commented, "There's lots on offer to explore [my child's] big movements from climbing and swinging on the climbing frame to getting new experiences like go carts."

Children had access to a wide range of resources. This included hama beads, table tennis, dolls, small world figures and computer games. Children enjoyed spending time at the craft table with staff, creating pictures with coloured rice and junk modelling. There was further scope for children to be creative and use their imagination. 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.

Opportunities for children to rest and relax were in the early stages of development. Many children spent time using the newly added bean bags to read and chat with friends. The manager advised they were considering ways to further develop this. We encouraged the manager to consider adding in further resources to support children in accessing calm and quiet spaces, such as enclosed spaces with soft furnishings and some books. This would support children having more immediate access when needed to rest and recuperate.

Systems were in place to help keep children safe. Risk assessments helped to mitigate risk and promoted safety for all individuals. These had been reviewed and updated to reflect the current setting and activities. Staff followed the service's procedures to support children's safety, such as undertaking a visual risk assessment of the outdoor space and highlighting hazards to children. We discussed ways that children could be further involved in risk assessing. This would further support children's understanding of risk and keeping themselves safe.

Infection control procedures mostly supported a safe environment for children and staff. Embedded routines were in place, such as wiping surfaces before and after eating as well as handwashing before eating. Staff supported children with this and role modelled effectively. We suggested children should be encouraged to wash their hands after eating, to further help minimise the potential risk of infection.

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 mission, aims and objectives were clearly displayed and reflected in practice. These included, 'Provide a safe and happy club'. Staff spoke enthusiastically about providing a fun and engaging environment that children enjoyed attending. This supported children and families to understand what to expect from the service.

Children and their families had opportunities to be meaningfully involved in the development of the service. Children were regularly asked for feedback in a variety of ways and their suggestions were used to influence change. These included children's questionnaires and evaluations of activities. Parents were encouraged to share feedback verbally through informal conversations and through the committee. The manager had recently developed a parent and carers questionnaire which they advised was due to be issued in the new term. As a result of feedback, the manager had identified some action points and shared these visibly on the noticeboard. This meant that there was a collaborative approach to working together to sustain the development of the service.

Children benefitted from a staff team who were motivated to continue to develop the service. Staff shared that they felt supported by management which promoted their confidence in carrying out their roles. The manager was keen to include staff in developments and promoted this using formal self-evaluation through team meetings, training opportunities and support and supervision meetings. This approach built on existing strengths and supported all staff to further develop their practice and skills.

A realistic and achievable improvement plan contributed to a continuous cycle of improvement. Through the service's self-evaluation, clear strengths and areas for improvement had been identified. Improvement plans contained detailed action points with timescales to support developments. Current focuses included engagement with families and efficiency in staff roles. 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 to measure the impact of developments on children's experiences.

Quality assurance processes were beginning to positively impact outcomes for children. Staff used 'A quality framework for daycare of children, childminding and school-aged childcare' to reflect on the setting and some processes, such as the auditing of accident and incidents helped to identify any patterns of concern. We discussed with the manager how these could be further embedded, such as recorded audits of the environment, medication and personal plans, to promote consistency in children's care.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We identified significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality indicator 4.3: Staff deployment

Children were supported by enthusiastic and committed staff who were passionate about their role. Staff worked well together to create a welcoming and fun atmosphere for children. Parents described staff as "friendly", "approachable" and "accommodating". A child commented, "The ladies are really nice."

A supportive induction process for new staff members helped them grow in confidence and become competent in their role. Regular support meetings and appraisals took place between the manager and individual staff members which encouraged them to reflect on their practice and identify any areas of development to support children's overall experiences.

Children were cared for by a staff team with a mix of experience and skills. They worked together to support children in having a range of opportunities to play and learn. Children's needs were met through staff being flexible in their approach. More experienced staff supported newer team members in their roles, which promoted continuity of care for children. We encouraged the manager to consider how staff could be empowered to take forward more leadership roles, based on their individual skills and interests. The manager agreed to action this as part of the current improvement focus areas.

Children's experiences were positively 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 their. Many staff enthusiastically spoke about training they had undertaken together, such as care Inspectorate's SIMOA - Keeping Children Safe campaign and shared how this had supported their confidence in promoting children's safety. Staff had identified the need for further training to develop their skills in supporting children with specific individual support needs. The manager was actively sourcing suitable training for staff, to support their skills relevant to the current needs of the children and service. This contributed towards positive experiences for children through staff who were skilled and supported in their role.

Staff communicated clearly, sharing key information to support the needs of children or when they were required to move areas. Staff spoke respectfully to each other through their interactions and leaders gave clear direction to staff to ensure children were effectively supervised. Staff also made time to speak to parents and carers, to share information which was relevant in supporting children. This meant children benefitted from a positive environment, with adults who cared for them. All parents advised they were happy with the care and support their children received. One commented, "Very friendly staff who are always very welcoming." Another parent shared, "I love how approachable all the staff are. I feel my child is well looked after and [my child] loves going to club."

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	5 - Very 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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