

Stoneywood Out of School Club Day Care of Children

Stoneywood School
Greenburn Road
Bucksburn
Aberdeen
AB21 9EL

Telephone: 07525 854 716

Type of inspection:
Unannounced

Completed on:
24 June 2025

Service provided by:
CLICC Ltd.

Service provider number:
SP2003003228

Service no:
CS2012310573

About the service

Stoneywood Out of School Club is provided by Community Link Childcare (CLICC).

The service is situated in Stoneywood School in Aberdeen. The service is registered to provide a care service to a maximum of 64 children at any one time of primary school age.

Children are cared for in the dining hall of the school, where they have access to a PE hall and outdoor areas. During the inspection, the PE hall was unavailable.

The service is on a bus route and is near to local shops and facilities.

About the inspection

This was an unannounced inspection which took place on 18 June 25 between 15:00 and 17:45 and 19 June 25 between 14:30 and 16:30.

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 four children using the service
- spoke with three parents/carers
- received six responses to our request for feedback
- spoke with management and staff
- 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 experienced mainly kind, positive interactions with staff.
- Records to support children's health and wellbeing had improved.
- Children's play opportunities lacked challenge and interest.
- Children were cared for in clean, bright surroundings.
- Children's access to outdoor play opportunities had improved.
- Quality assurance to promote positive experiences and outcomes for children had improved.
- The service had undergone a challenging period of staff absences, and they had worked hard to reduce the impact of this on children.

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?	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 different parts of this key question as adequate and good, with an overall evaluation of adequate. Whilst we identified several strengths which impacted positively on outcomes for children, these were compromised by areas, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children experienced mostly kind and positive interactions. On the first day of inspection, they were cared for mainly by relief staff, with more permanent staff members being available on the second day. Where children knew staff, they were comfortable to approach them and were welcomed with kind interactions. This helped minimise the impact of changes for children. We observed, however that newer relief staff did not always know children's names and we suggested the use of name badges to help with this and contribute to a more consistently welcoming experience for children.

Children's care was supported through the use of personal plans. These had been improved and held enough information to promote children's health and wellbeing. Information was reviewed regularly with parents, in line with guidance. An overview of children's needs was displayed for staff to promote continuity of care. Relief staff were not familiar with this and management agreed to ensure that recorded information of children was used more effectively to support staff in understanding their needs.

Children enjoyed unhurried snacks. Staff had improved snack time routines to provide children with a calmer experience and more opportunities for independence. Children spread their own butter, poured drinks and cleared their dishes. Drinking water was readily available and staff sat with children, chatting and supporting them when necessary. This contributed to a safe sociable snack time experience.

Children's medication was generally managed well. Improvements had been made to how medication was stored and recorded. On a few occasions, information recorded could have been clearer. Management were working to ensure that staff understood the importance of checking all information provided with parents to fully promote children's health and safety.

Parents reported varied experiences of involvement with the service. Opportunities to chat at the school entrance, phone calls and meetings, provided opportunities for sharing information. Some told us they were happy with communication about their children, while others told us they felt less well informed. Management agreed to consider ways of welcoming parents into the setting to promote better communication and involvement for parents and continuity for children.

1.3 Play and Learning

Children played happily. Play was mostly spontaneous, with some planned activities. Children enjoyed activities such as smoothie and pizza making, however staff told us these were planned for approximately every fortnight. Other activities such as knitting had been successful, however were not always available.

Play opportunities for children lacked challenge and interest. Opportunities for children to practice literacy and numeracy skills were not consistent. On the first day of inspection children were supported to choose books from the store cupboard when they asked for these.

On the second day, books were attractively displayed where children could access them easily. We encouraged staff to consider including opportunities for children to learn new skills more consistently to help provide breadth and depth of challenge. Management had identified this as needing development and it had been an area for improvement from the previous inspection and had not been met. This area for improvement will be continued (see area for improvement 1).

A system for staff to use written observations of children's play to inform planning was in place, however was not being used. We discussed more engaging ways of including children in evaluating their experiences and capturing their interests. The management team told us they were considering different ways of doing this to help with the planning of regular interesting and challenging activities.

Interactions to support children in their play were varied. Staff members sat with them, however did not always contribute effectively. On some occasions staff joined in games, joking and playing with children. At other times, children's cues were not recognised. This included when a group of children wanted to use water to make "potions" they resorted to using their own drinking water from their water bottles. This resulted in missed opportunities for children to explore and extend their ideas.

Areas for improvement

1. 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 experiences. This should include, but is not limited to, areas of children's interest being fully planned for and supported by staff.

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

How good is our setting?

4 - Good

2.2 Children experience high quality facilities

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

Children played mainly in the school dining hall. This area was spacious with plenty of natural light. Children's art work and notices were displayed on notice boards, which helped contribute to a sense of belonging for children.

Resources to support children's play had improved, however more work was needed to ensure consistently positive outcomes for children. On day one, cushions were removed to make room when children wanted to create a pretend shop. This resulted in children moving to benches to read their books. Attention to detail was better on day two of the inspection. Whereas games and craft materials were readily available on day one, an enhanced selection was offered on day two along with an inviting tent with cushions where children could read and relax. We encouraged staff to consider a more consistent approach to developing child centred spaces to support children's play.

Children benefitted from increased opportunities to play outdoors. This included outings in the local community during school holiday periods, which provided opportunities for physical play and exploration. Children told us that they were able to play outside most days. During the inspection, good use was made of different areas of the school playground. We were told a selection of resources is normally available, however this was not the case during the inspection. Staff should further develop the use of resources outdoors, including natural and open-ended resources to promote children's curiosity and imagination.

Children's safety was promoted through effective practice. Infection prevention and control measures, such as wiping of tables and handwashing, helped prevent cross contamination. Risk benefit assessments supported staff to keep children safe. These were being updated, and staff told us children were involved in this. Staff were safety aware, taking action such as counting children regularly and taking children's medication and first aid supplies with them when they played outside. Relief staff were well informed of the boundaries outdoors, and children were familiar with these. These measures contributed to a safe environment for children.

Children's information was stored securely. Staff had access to locked filing cabinets and, online information was password protected. Children used the service's mobile phone to access tutorials on craft projects and we reminded staff of the importance of monitoring all online activity to ensure children's safety.

How good is our leadership?

4 - Good

3.1 Quality assurance and improvement are led well

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

Children were cared for in a service with clear vision, values and aims. These had been recently updated and were shared with parents along with information about the service. We suggested that staff could consider ways of making the values of the service more familiar and meaningful to children.

Families had opportunities to share their views. Parents were consulted through questionnaires, and management were considering more effective ways of gathering their feedback. Children completed questionnaires, a "question of the month" and attended children's meetings, where they could share ideas and make suggestions. These had included different foods for snack, which had been added to the menu. Feedback on actions taken as a result of consultations was shared through termly newsletters to help keep parents involved and informed.

Quality assurance practices had improved. Regular audits of staff practice and outcomes for children by the manager helped to inform a monthly quality improvement report. This identified areas for improvement such as the development of more challenging activities for children. Staff had opportunities to evaluate their own practice during staff meetings. We encouraged managers to continue to develop this to promote effective self-evaluation to inform day to day improvements to children's experiences.

Updates to policies, procedures and practice were starting to have a positive impact on children's experiences. A full review of the organisation's (CLICC) policies was underway, alongside the updating of records such as medication recording, and practices such as observations of children's experiences. This will help support staff to further develop and embed child centred practices to fully support positive experiences and outcomes for children and parents.

How good is our staff team?**4 - Good****4.3 Staff deployment**

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

Children's care was promoted through clear roles and responsibilities for staff. The service had undergone a challenging period of staff absences, and they had worked hard to reduce the impact of this on children. Staff stepped up to cover roles when senior members of the team were absent, which contributed to effective leadership. Managers were aware of the importance of supporting staff through these changes to help ensure their wellbeing. Some parents commented that staff changes had contributed to less engagement, however others were happy that this was managed well and told us they felt they knew staff well enough.

During the inspection, the service used relief staff to make sure that the correct number of staff were available to care for children. Relief staff told us they were well supported to understand their roles and responsibilities. These staff were part of CLICC's own relief pool and, where possible, the same staff were used to help provide consistency for children.

Children's transitions were mainly managed well. Staff collected children from school and welcomed them into the setting. Positive relationships with school staff supported the sharing of important information. When parents collected children, staff escorted them to their parents at the school entrance. This was not an effective use of staff time and management agreed to review arrangements to minimise the time staff spent away from the group.

Children were well supervised throughout the session. Staff communicated well and moved around as needed to meet children's needs. Walkie talkies were used to help staff communicate and keep track of where children were as some played indoors and some outdoors. These measures meant that children were kept safe as they played.

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

Requirements

Requirement 1

By 31 January 2025, the provider must ensure that children's health and wellbeing are fully supported. To do this, the provider must at a minimum:

- a) ensure the recording and storage of medication meets current guidance
- b) ensure 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 that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 21 November 2024.

Action taken on previous requirement

Improvements had been made to how medication was stored and recorded. On a few occasions, information recorded could have been clearer. Management were working to ensure that staff understood the importance of checking all information provided with parents to fully promote children's health and safety.

This requirement has been met.

Met - outwith 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 ensure consistency in care, support children's health, wellbeing, social and developmental needs, and to enable progress to be reviewed, personal plans should be further developed.

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).

This area for improvement was made on 21 November 2024.

Action taken since then

Personal plans had been improved and held enough information to promote children's health and wellbeing. Information was reviewed regularly with parents, in line with guidance. An overview of children's needs was displayed for staff to promote continuity of care.

This area for improvement has been met.

Previous area for improvement 2

To support children's health, wellbeing and development the provider should ensure that snack time experiences are improved to foster consistently positive outcomes. This should include, but is not limited to, promoting a sociable experience where children enjoy healthy, nutritious and sustaining foods, are supported to stay hydrated and are offered consistent opportunities to practice independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21).

This area for improvement was made on 21 November 2024.

Action taken since then

Staff had improved snack time routines to provide children with a calmer experience with more opportunities for independence. Children spread their own butter, poured drinks and cleared their dishes. Drinking water was readily available and staff sat with children, chatting and supporting them when necessary. This contributed to a safe sociable snack time experience.

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. This should include, but is not limited to, areas of children's interest being fully planned for and supported by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 21 November 2024.

Action taken since then

Play opportunities for children lacked challenge and interest. We encouraged staff to consider including opportunities for children to learn new skills more consistently to help provide breadth and depth of challenge. Management had identified this as needing development.

Interactions to support children in their play were varied. Staff members sat with them, however did not always contribute effectively. On some occasions staff joined in games, joking and playing with children. At other times, children's cues were not recognised. This resulted in missed opportunities for children to explore and extend their ideas.

This area for improvement has not been met and has been continued.

Previous area for improvement 4

To support children's wellbeing, learning and development the provider should provide daily access to outdoor play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I play outdoors every day and regularly explore a natural environment.' (HSCS 1:32).

This area for improvement was made on 21 November 2024.

Action taken since then

Children benefitted from increased opportunities to play outdoors. This included outings in the local community during school holiday periods, which provided opportunities for physical play and exploration. Children told us that they were able to play outside most days. During the inspection, good use was made of different areas of the school playground.

This area for improvement has been met.

Previous area for improvement 5

To support children's wellbeing, learning and development and promote age and stage appropriate play and learning opportunities, the provider should provide varied, interesting and stimulating play resources.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 21 November 2024.

Action taken since then

Resources to support children's play had improved, however more work was needed to ensure consistently positive outcomes for children. Games and craft materials were readily available. On day one cushions were removed to make room when children wanted to create a pretend shop. This resulted in children moving to benches to read their books. Attention to detail was better on day two of the inspection, with an enhanced selection of craft materials being offered and an inviting tent with cushions where children could read and relax. We encouraged staff to consider a more consistent approach to developing child centred spaces to support children's play.

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.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
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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