

Scone Kids Club Day Care of Children

RDM Primary School
Spoutswell Road
Scone
Perth
PH2 6RS

Telephone: 01738 459 698

Type of inspection:
Unannounced

Completed on:
17 September 2025

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2003038929

About the service

Scone Kids Club provides a school age childcare service and is operated by Perth & Kinross Council. The service is provided from RDM Primary School, Scone, Perth and is close to local greenspaces and parks.

The setting is registered to provide a care service to a maximum of 50 children at any one time, aged from 4 and a half years to 14 years (if attending primary school).

Children are cared for in the school's dining hall and have access to toilets, kitchen facilities and a large playfield.

About the inspection

This was an unannounced inspection which took place on Tuesday 16 and Wednesday 17 September 2025 between 15:15 and 19:15. Two inspectors 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 and parents using the service;
- spoke with the staff and management;
- observed practice and children's experiences; and
- 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; and
- 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 had developed positive relationships with staff and their friends.
- Improvements were required to infection control practices to ensure all areas including toilets were safe and hygienic for children.
- The service had faced challenges with recruiting and sustaining staff.
- To improve the quality of children's play experiences, work was needed in relation to developing resources and spaces provided to children.
- To ensure that children receive a consistently high-quality service, further work was needed to improve quality assurance processes.
- The service had failed to meet one requirement and four out of six area for improvements from the last inspection.

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?	3 - Adequate
How good is our staff team?	3 - Adequate

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. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 1.1: Nurturing care and support

Staff were kind and caring, creating a positive atmosphere. We saw respectful interactions that helped children feel valued and build trusting relationships. One parent told us "the staff are very welcoming and chatty".

Children's personal plan information was sampled and included 'all about me' documents which had been reviewed and formed part of personal plans. The plans included children's voice, though some lacked detail. For example, plans did not include clear records of support and actions the service will take to support children's tailored needs. We discussed how the service should build on strengthening personal plans to help prevent key information about children's needs from being overlooked. This would support staff deliver consistent and responsive care, which is essential for children's comfort, wellbeing, and development. 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'.

Snack time was calm and offered choice. We discussed how children could be involved more to build on children's independence and life skills. For example, not all children were given opportunities to serve themselves or portion control their snack. Some children had to wait for their snack due to limited seating. We encouraged the service to continue developing the approach to snack to ensure it is welcoming and inviting for the age and stage of children accessing the service.

Medication systems followed best practice. For example, information recorded was clear and included signs and symptoms of when medication should be administered, and permissions were signed by families. We were satisfied progress had been made around the safe management and administration of medication. An area for improvement made at the last inspection has been met.

Staff had undertaken training in relation to child protection. Child protection policies and procedures were in place which included key contact information to support practice. Staff told us "child protection training has made me aware of the signs of abuse and neglect" and "I know how to record any disclosures made to me and how to follow up". Records we sampled such as chronologies lacked clear information. For example, notes did not capture outcomes of logged concerns. The current approach limited the service's ability to track significant events in children's lives. We suggested management use chronologies more effectively and signposted the Care Inspectorate's Practice Guide to Chronologies to support improvement. Improving these areas will help ensure children's needs are met consistently, supporting their safety, wellbeing, and development.

Quality Indicator 1.3: Play and learning

Children were confident and had opportunities to engage with friends in a safe environment. The range of resources were adequate to support children's interests and supported their play. Children told us "I like playing outside" and "I like playing with the Hama beads and making things".

A range of toys and resources were available, including arts and crafts, board games, books, and construction toys. The overall provision did not consistently meet children's needs to support engagement and stimulation. Children shared with us that they had to request certain materials, such as arts supplies, which they found frustrating.

The lack of consistent engagement across the staff team led to some children becoming involved in disagreements, waiting for long periods of time to access the outdoors and climbing on furniture. Feedback from parents to the statement "my child can be involved in a range of opportunities and fun experiences to meet their individual needs and support their development" varied. For example, responses ranged from "very often" to "sometimes" and "always," indicating inconsistency in the quality of experiences provided. We encouraged the service to adapt and extend resources to better consider the different ages, stages and interests of children.

The service demonstrated a commitment to valuing children's voice through the use of floorbooks. These were used to note aspects of children's play, with children's comments and drawings clearly visible, reflecting their interests and contributions. There were missed opportunities to strengthen their use further. For example, we discussed how floorbooks could more clearly show planning for future experiences. Developing the approach could support children's engagement and celebrate their achievements more meaningfully.

Children had access to some physical play opportunities outdoors, and were supported by active equipment, which contributed positively to their wellbeing. While there were some positive elements within play and learning, inconsistencies in practice, meant opportunities to extend children's play, learning and development were missed. We asked management to monitor and promote the need for children's daily experiences to be enhanced to support interest, challenge and fun.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2: children experience high quality facilities

The indoor space included a large hall and the layout enabled children to freely move around and access most areas, games and activities. Children benefited from accessing a large playing field, however due to the layout of the building, free flow to the playing field was limited.

Infection prevention and control measures require further attention to ensure children's health, safety, and dignity are consistently upheld. Staff were observed encouraging children to wash their hands at key points during the session, however this practice was not consistently monitored. As a result, several children did not wash their hands before snack or after outdoor play. 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'.

We identified the standard of toilet facilities to be poor, with toilets observed to be dirty and unclean. These areas were not adequately checked prior to children's arrival. Inconsistent hygiene practices and unclean facilities compromised children's wellbeing and did not reflect a respectful or dignified environment. This had the potential to negatively effect children's comfort and experience within the setting. We asked management to ensure action is taken to address these areas. 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'.

We sampled accidents and incidents records. Whilst these were in place, we identified some did not contain clear information and no recent formal auditing had taken place to identify common occurrences or prevent recurrence. To ensure children are kept safe, the service needs to build on the system to effectively track and monitor accidents and incidents.

Clear risk assessments for the premises and specific activities minimised the potential of harm and promoted children's safety. Staff were observed carrying out head counts and using effective communication across the team via walkie talkies. A child told us, "we can't go round the side as we will not be seen". The procedures and inclusion of children in the awareness of risks helped minimise hazards to keep children safe from harm.

Maintenance procedures and reporting systems were discussed with management to further support a safe and well managed environment for children. For example, we identified issues which included the alarm on the main door not functioning, previous lighting concerns not being addressed, and notifications to the Care Inspectorate about planned refurbishment not being submitted. The oversight raised concerns about the effectiveness of current maintenance protocols. To strengthen safety and support positive outcomes for children, management started to address some of these areas during the inspection. The requirement made at the last inspection has not been met and the timescale has been extended. See 'What the service has done to meet any requirements we made at, or since the last inspection'.

The safe storage and confidentiality of children's personal information was considered. Processes were in place to enable appropriate access to necessary information, whilst maintaining security and confidentiality.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well

A range of policies were in place to support the service delivery. The local authority had clear aims, which included 'to develop an effective, high quality out of school care service for children and their families'. However, the club's own aims and objectives had not been reviewed for some time. We encouraged management to revisit these to ensure they remain relevant and reflective of the service being provided. Revisiting and updating these could help ensure the service continues to meet the evolving needs and expectations of children and families.

Formal systems for gathering and recording the views of children and families, as well as evaluating the service, were not currently consistent. Feedback from parents to the statement 'my child and I are involved in a meaningful way to help develop the service' varied. One parent commented "apart from Care Inspectorate survey, I have never been asked about anything". Children told us, "I like to go in the tent but it's wrecked" and "we tell staff but nobody listens". Gathering views, comments and suggestions from children and their families could support them to feel valued and included within the service.

Leadership and quality assurance systems were in development but require further implementation to ensure consistent improvement and accountability across the service. The manager was in the process of developing the service and its self-evaluation systems. They spoke about planned meetings and training, and demonstrated awareness that some systems such as quality assurance and planned improvements were not yet at the level they had hoped.

To support progress, management should recommence their approach to quality assurance promptly, including monitoring of practice and the use of spaces across the club. A quality assurance calendar should be reintroduced, with key tasks followed through. The service's improvement plan also needed to be implemented in a way that includes the voice, wishes, and input of all families. Strengthening these areas along with effective quality assurance processes would help ensure children experience a consistently high-quality service. 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'.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 4.3: Staff deployment

The deployment and number of staff working in the service was adequate to meet the needs of children. We recognised the service had been facing challenges in retaining and recruiting staff and this had impacted key areas of the service.

Positive relationships with families were evident, contributing to a welcoming and inclusive environment. Families were greeted warmly by staff upon arrival, and the service had a notice board displaying staff photos and relevant information. Parents shared positive feedback, describing staff as "very welcoming and chatty" and noting that "the main woman is really kind and friendly and knows most of the children by name". Strong, friendly relationships between staff and families helped foster a sense of belonging and trust. This supported children's emotional wellbeing.

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. To promote the development of positive practice in supporting children's care, learning and development we encouraged the service to build on the approach to learning and formalise training reflections. For example, record training and capture how training was benefiting children's experiences and how it supports them reach their potential. This would help establish strengths, skills and knowledge within the team and support effective staff deployment.

At the time of inspection, due to supply staff and the staffing challenges, the impact of newer staff's induction was limited. One staff member shared there was a checklist, however they felt it would have been beneficial to have more mentoring support. To support continuous improvement, the service should continue building on the approach to ensuring all staff are supported and have skills needed for their role. An area for improvement made at the previous inspection is no longer in place and has been incorporated into a new area for improvement. (see area for improvement 1).

Areas for improvement

1. To improve outcomes, the provider should support staff access further training, professional development and apply their learning in practice. This should include, but is not limited to promoting positive relationships and behaviour training.

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

'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

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

Requirements

Requirement 1

By 27 June 2025, the provider must ensure that all children and families are safe. To do this, the provider must, at a minimum, ensure:

- a) appropriate outdoor lighting is provided to guide people leaving the service through the school grounds
- b) exits from the hall are alarmed or locked.

This is to comply with Regulation 4(1)(a) and 10(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 011/210).

The timescale has been extended to 5 December 2025.

This requirement was made on 5 February 2025.

Action taken on previous requirement

At the time of inspection, lighting matters had been reported to the provider and had yet to be resolved. The main door used to exit the hall did not have a working alarm. The manager advised it was yet to be replaced. To ensure these matters are addressed and to support the safety of children, we have requested management, and the provider resolves these matters in a timely manner.

This requirement has not been met and the timescale has been extended to 5 December 2025.

Not met

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 support children's wellbeing, personal planning should be improved to ensure plans reflect each child's current needs and sets out how these needs should be met. Plans should be developed in partnership with parents and children (where appropriate). Where children have identified support strategies in place, all staff caring for those children should have an understanding of how to meet children's individual needs. Staff should also be skilled at putting any strategies into practice.

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 5 February 2025.

Action taken since then

We noted personal plans had been reviewed and included 'All about Me' information. However, further improvements were needed in the recording and clarity on how plans set out how children's tailored needs would be met. We highlighted to management where children have identified needs, support strategies should form part of the plan, to support staff care for those children in a consistent manner.

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

Previous area for improvement 2

To support children to be safe and healthy, medication processes should be improved to ensure they follow the Care Inspectorate's guidance; 'Management of Medication in Daycare of Children and Childminding Services'. Information recorded should be accurate and all staff should be aware of children's medical needs including signs and symptoms. Management should also improve their quality assurance processes to ensure the safe management of medication.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 5 February 2025.

Action taken since then

Information recorded was clear and accurate including signs and symptoms of when medication should be administered and permissions were signed by families. Reviews had been undertaken in September 2025 and the manager was currently updating 'quick glance sheets' with updated information.

We were satisfied progress had been made with regards to the safe management and administration of medication.

This area for improvement has been met.

Previous area for improvement 3

To prevent the potential spread of infection, management and staff should ensure effective regular handwashing is taken place by children.

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

'I am protected from harm by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 5 February 2025.

Action taken since then

During the inspection only some children wash hands at key points. For example, when entering the club and when they came in from outside. This was not consistent and staff needed to remind children about handwashing. This was not consistently monitored and there were times where some children did not carry out effective handwashing procedures. We encouraged management to continue with embedding handwashing into daily routines to minimise the potential spread of infection.

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

Previous area for improvement 4

To support children's wellbeing, the provider should improve toilet spaces for children. Toilets should be well ventilated, suitably heated and in a place which is within easy reach of children to promote their independence.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18).

This area for improvement was made on 5 February 2025.

Action taken since then

At the time of inspection children's dignity and respect was not fully considered. Toilet facilities were untidy, unclean and not ventilated. We recognised ongoing renovations of toilets were taken place.

Due to ongoing renovation staff had to escort children to and from toilets as these were currently not within easy reach of children to promote their independence.

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

Previous area for improvement 5

To support positive outcomes for children and families, the service should continue to develop and build a cycle of continuous improvement. This should address the areas that management, staff, parents and children feel need most improved, including monitoring and supporting staff practice.

This is to ensure the quality of the 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).

This area for improvement was made on 5 February 2025.

Action taken since then

The improvement plan for the service had not fully been implemented. We encouraged this to be addressed in a timely manner to ensure improvements are purposeful, measurable, and responsive to the needs of children and families.

The approach to quality assurance was not consistently effective. We identified the approach to accidents, notifications and personal plans had not recognised inconsistencies.

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

Previous area for improvement 6

To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day and when forward planning. Staffing arrangements should be well-planned to ensure there is the correct mix of skills, knowledge and experience available indoors and outdoors.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14;) and
'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.' (HSCS 4.17).

This area for improvement was made on 5 February 2025.

Action taken since then

The deployment and number of staff working in the service was adequate to meet the needs of children. 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.

We identified a mix of skills and knowledge across the team and recognised the need for specific formalised training and reflections to be rolled out. Due to recruitment and retention of staff, this had posed an area of challenge. Management recognised the need to engage staff in training to support their practice.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under Key question 4: How good is our staff team?

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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