

Woodside Partnership Out Of School Care Service Day Care of Children

Woodside Fountain Centre Marquis rd Wood
Marquis Rd Woodside
Aberdeen
AB242QY

Type of inspection:
Unannounced

Completed on:
13 November 2025

Service provided by:
Printfield Community Project

Service provider number:
SP2003000359

Service no:
CS2003001800

About the service

Woodside Partnership Out of School Care Service is registered to operate a care service from Kittybrewster Primary School during term time and from Woodside Fountain Centre during school holidays. At the time of the inspection the service was operating from Woodside Fountain Centre. This did not comply with the conditions of registration. The provider has submitted an application to vary the address of the service to Woodside Fountain Centre and to reduce the number of children that can be cared for to reflect the smaller space available.

The space used at Woodside Fountain Centre consisted of a play room, the use of a large gym hall and toilets. There is no outdoor play area attached to the centre to allow for free flow indoor/outdoor play.

The accommodation is at ground floor level, there are public transport links nearby and on street parking is available. The centre is a short walk from Kittybrewster Primary School and Woodside Primary School, the two schools current children attend.

About the inspection

This was an unannounced inspection which took place on 4, 5 and 6 November 2025 between 14:30 and 18:30. Feedback was provided to the provider, manager and staff on 13 November 2025. The inspection was carried out by one inspector 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.
- Received five responses to our request for feedback from parents and carers through our online survey.
- Spoke with one parent/carer.
- Spoke with staff, the manager, and the provider.
- Observed practice and children's experiences.
- Reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environments is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified and are reported on within the body of this report under quality indicators 'Leadership and management of staff and resources' and 'Nurturing care and support.' Associated requirements and areas for improvement have been made.

During this inspection we 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

- The service was not effectively managed, limiting its ability to deliver high quality care and positive outcomes for children.
- Safer recruitment procedures were not consistently followed, increasing risk to children's safety.
- Environmental security measures and risk assessments were insufficient to safeguard children.
- Children experienced a range of enjoyable and stimulating activities and were observed to be engaged and having fun.
- Opportunities for outdoor play were limited, reducing benefits for physical health and wellbeing.
- Children benefitted from warm, nurturing interactions with staff who knew them well, supporting emotional security.
- Medication procedures required improvement to ensure safe administration and compliance with best practice.

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

Leadership	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

Leadership 2 - Weak

Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

The provider was not complying with the conditions of registration. They were operating full time from an address that was only registered to be used during school holidays. The provider has now taken action to address this, by submitting an application to vary their conditions, however only because this was identified by the Care Inspectorate (see area for improvement 1).

The service's aims and objectives had not been reviewed since 2018. They were limited in their content and were not used by staff to promote high quality outcomes for children. They also did not reflect the current aspirations of children and families or of the staff team. A review of the vision, values, and aims, undertaken collaboratively with children, families, and staff, could ensure a shared understanding of what high-quality care and learning looks like. This would help create a clear direction for improvement and support positive outcomes for children (see area for improvement 2).

There was not a strong ethos of continuous improvement. Leadership roles and responsibilities were unclear, and staff had limited time to undertake management roles and responsibilities effectively. This impacted on the quality of care and support provided. Children did not consistently benefit from a well led service because systems to monitor and improve practice were weak. The provider recognised this and committed to reviewing management and staffing arrangements to ensure sufficient time and resources lead to improvement.

Self evaluation was not embedded within the service. While staff reflected individually on their practice, there was no structured approach using recognised tools to support them to effectively self evaluate the service and identify strengths and areas for development. Implementing a formal self evaluation process, such as using 'A quality framework for the early learning and childcare sector: school age childcare,' would support the team to meaningfully reflect and plan improvements that enhance children's experiences.

There was no written improvement plan in place. This meant priorities were not clearly identified, and progress could not be measured. Developing an improvement plan with specific actions and timescales could ensure a continuous cycle of improvement, leading to better outcomes for children.

Children and families were not routinely involved in shaping the service. Whilst children had contributed to decisions about resources and activities, opportunities to provide feedback on what was working well and what could be improved were limited. Strengthening consultation processes could ensure that children's voices influence change and that families feeling that their views mattered.

Team meetings took place weekly but were not effective in driving improvement. Meetings lacked structure and did not result in clear actions. Formalising agendas and recording decisions would help ensure accountability and progress. Although appraisals were carried out, regular one-to-one meetings to support staff wellbeing and practice development were not taking place. This limited opportunities to identify any required staff training and support and to ensure that children's needs were consistently met.

Overall there were significant weaknesses that require to be addressed to support improved outcomes for children and families. Addressing these areas will strengthen leadership and management, create a culture of continuous improvement, and ensure children experience high-quality care and support in a safe, well-managed environment (see requirement 1).

A robust system, in line with best practice, had not been followed to ensure safe recruitment of staff. Although we were verbally advised that satisfactory references had been received prior to a named staff member commencing employment, evidence of this could not be located by the provider. An updated PVG certificate was also not in place prior to the staff member starting employment, although it was later secured once we raised it with the provider. Arrangements also had not been undertaken to ensure that the staff member was registered with the Scottish Social Services Council (SSSC) within the required six month period. SSSC registration was later actioned after we raised it with the provider. Following the completion of the inspection the provider submitted two new references in relation to the staff member to confirm their suitability to the role. The lack of following safer recruitment best practice increased the risk of unsuitable people working with children (see requirement 2).

Requirements

1. By 4 February 2026, the provider must demonstrate that the service is effectively managed to deliver high-quality care and positive outcomes for children. To achieve this, the provider must ensure:

- Managers and staff have sufficient protected time and resources to carry out their roles effectively, including planning, supervision, and professional development.
- All leadership roles, responsibilities, and lines of accountability are clearly defined and understood by staff.
- Continuous improvement is supported by effective quality assurance processes, including outcome focused self evaluation, improvement plans with targets and regular audits of practice and outcomes.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); and

Section 7(1) (a) and (b) of the Health and Care (Staffing) (Scotland) Act 2019.

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); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 4 February 2026, to support children's safety, the provider must ensure that all staff have been safely recruited in line with best practice and legislation. To achieve this, the provider must ensure that prior to any new member of staff commencing employment within the service the following must be in place:

- Two satisfactory written references, one of which should be from the most recent previous employer.
- An up to date PVG certificate.
- Confirmation of registration with the Scottish Social Services Council (SSSC) or other appropriate professional registration body, or ensure registration within six month of commencement of employment if not already registered.

This is to comply with section 7(1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Areas for improvement

1. The provider must ensure that the service complies with the conditions of their registration at all times.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. To help support the improvement of a service which reflects their high aspirations, children and their families and the wider staff team should be actively and fully included in the design and review of the services vision, values and aims.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and development

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed weaknesses.

Children experienced a wide range of enjoyable and stimulating activities that supported their learning and development. Children were observed to be engaged and having fun throughout sessions. Opportunities for staff to join play were responded to positively, which strengthened relationships and enhanced children's experiences. These interactions promoted social skills, creativity, and imagination, as seen when children acted out a tea party or created bonfire night art using paint and glitter. Some children demonstrated sustained concentration while making jewellery with loom bands, which they identified as a favourite activity.

Children's interests shaped the programme of activities. They contributed to weekly planning and could independently access other resources to make choices. Activities such as baking and making slime, gloop and stress balls supported creativity and practical skills. Children expressed a wish for more frequent baking and we fed this back to the team.

Loose parts resources were available but limited. Expanding these resources would further promote problem solving and imaginative play. Materials for den building and model making would particularly benefit current children.

Children were supported to be physically active through indoor activities including Zumba, yoga, corner football, and boccia. However, outdoor play was restricted due to the absence of a secure attached outdoor space. The children were not outdoors during the three days of the inspection. Feedback from parents and

carers was mixed in relation to how often children had the opportunity to play outdoors. One child told us that they would like to have more opportunities to play football outdoors. Staff agreed that there was more limited outdoor play in colder weather. Fresh air and energetic play are essential for physical and mental wellbeing and should be offered regularly (see area for improvement 1). Parents and staff spoke about planting, growing and harvesting activities with the children then eating these as part of snack. This supported children to learn about nature and sustainability.

The club's strong links with the local community provided opportunities for children to participate in events such as competitions and litter picking. This helped children to feel included and develop a sense of belonging.

Areas for improvement

1. Children should have daily access to outdoor play opportunities that promote physical activity, learning opportunities, fresh air, and positive physical and mental wellbeing.

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

'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

Children are supported to achieve 2 - Weak

Quality indicator: Nurturing care and support

We evaluated this quality indicator as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children experienced warm, nurturing interactions with staff, which promoted a sense of security and trust. Observations confirmed that children approached staff confidently and engaged in relaxed conversations, demonstrating strong, positive relationships. Feedback from children and parents reinforced this view, with comments such as "we like them a lot" and "staff are very caring and brilliant," highlighting the impact of these relationships on children's wellbeing.

On the first day of the inspection we observed that parents and carers collected their children at the playroom door and were not encouraged to enter the playroom. Following feedback we provided to staff, parents and carers were then welcomed into the playroom. This change enhanced family engagement and created opportunities for meaningful communication about children's experiences. Staff were observed to be approachable and engaging in these interactions, reinforcing a welcoming ethos.

Personal plans were in place for all children and provided relevant information about individual needs. These were reviewed annually, however, following feedback the provider agreed to implement six monthly reviews, or sooner if needs changed. This will help to ensure plans remain accurate and responsive, supporting continuity of care (see area for improvement 1).

Children enjoyed a positive snack experience in a relaxed, sociable environment. They were encouraged to participate in snack preparation, promoting independence and life skills. Food choices reflected children's preferences, demonstrating that their views were valued and acted upon.

Medication procedures were in place, however they required improvement. While records were maintained, they lacked confirmation that a first dose of medication had been administered at home to help prevent the risk of an adverse reaction occurring at the club. Information within one child's medication care plan needed to be clearer. Following feedback, staff implemented changes based on current best practice, reducing the risk of error and ensuring children's health needs were met safely (see requirement 1).

Children's safety and security needs were not being fully met, which increased the possibility of harm. Measures were not in place to prevent unauthorised access to the play spaces and also to reduce the risk of children being able to leave the setting unsupervised. Following feedback to the provider, prompt action was taken to improve this, creating a safer environment. Measures included the playroom doors now being locked and alarmed whilst the service is being provided (see requirement 2).

Children were supported effectively during the walk from school to the club. Staff demonstrated awareness of potential risks and adapted their practice to meet children's needs. While a written risk assessment was in place, it did not fully reflect the proactive measures observed and other measures discussed. The provider committed to updating risk assessments promptly to ensure that they are robust in managing risk and safeguarding children (see requirement 2).

Planting activities were offered, on occasions, at a small outdoor space at the front of the building. The space was very close to the busy main road and was not fenced off and therefore was a high risk area for children to use. Staff spoke confidently about action they took to reduce risk however a written risk assessment was not in place. The provider agreed this was required and advised that this outdoor space would not be used until this was actioned (see requirement 2).

The children also accessed a park very close to the setting for outdoor play. Staff spoke confidently about action they would take to ensure that children were kept safe, however again there was not a robust written risk assessment in place. A written risk assessment supports everyone to understand what actions are required to keep children safe and supports consistent safety practices (see requirement 2).

Requirements

1. By 4 February 2026, the provider must implement and maintain medication procedures that fully safeguard children's health and comply with current best practice and legislation. To do this the provider must as a minimum:

- Confirm and record that the first dose of any prescribed medication has been administered at home before being given in the setting, to reduce the risk of adverse reactions.
- Ensure all medication care plans contain accurate, complete, and up-to-date information about the child's health needs and medication requirements.
- Ensure medication procedures are reviewed and updated to reflect current best practice and legislation.
- Ensure monthly audits of medication records and care plans confirm compliance and identify improvements, ensuring safe administration of medication.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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).

2. By 4 February 2026, the provider must ensure that robust measures are in place to safeguard children. To do this the provider must, at a minimum:

- Implement environmental security measures to prevent unauthorised access to the playroom and ensure children cannot leave unsupervised.
- Update and maintain detailed risk assessments to support the safety of children both within the setting, transitioning to the setting from school and when undertaking activities in other locations
- Ensure that risk assessments are reviewed regularly and whenever circumstances change, adhering to current best practice and legislation.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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

'My environment is secure and safe' (HSCS 5.19).

Areas for improvement

1. To ensure children's needs are always well planned for, personal plans must be reviewed and updated in partnership with families at least once every six months or sooner if required.

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).

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

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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