

Hilltown Out of School Club Day Care of Children

Coldside Community Campus
15 Alexander Street
Dundee
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Telephone: 07769 771 460

Type of inspection:
Unannounced

Completed on:
22 January 2026

Service provided by:
Hilltown Out of School Club a Scottish
Charitable Incorporated Organisation

Service provider number:
SP2015012557

Service no:
CS2015340055

About the service

Hilltown Out of School Club is registered to provide a care service to a maximum of 40 children at any one time from age 4 to 16 years.

The club operates from Coldside Community Campus Dundee, a purpose-built school campus. Children have access to various areas within the premises, including the dining hall, gym hall, ICT suite and playgrounds under staff supervision. The service operates term time and school holidays.

About the inspection

This was an unannounced inspection which took place on Tuesday, 20 January 2026 between 15:15 and 18:00 hours and Wednesday, 21 January 2026 between 13:00 and 17:15 hours. 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:

- spoke with children using the service and two of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, an improvement was identified relating to core assurances. We have reported where improvement is necessary within 'Children are supported to achieve'.

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

- Children were settled, happy and having fun during their time at the service.
- Children engaged in play with the resources and activities on offer.
- Quality assurance systems should be further developed to evaluate and monitor the continued improvement of the service.
- Staff should be supported to develop their confidence in their interactions with the 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

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

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

Leadership 3 - Satisfactory / Adequate

Quality Indicator: Leadership and management of staff and resources

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

Management engaged well with the inspection process. They were honest during discussions, sharing developments and areas identified for improvement. They were receptive to feedback and were committed to making improvements to ensure positive outcomes for children and families.

It was clear the service valued the children and families who attended. Management talked of the support they provided to families, such as gaining funding to introduce the breakfast club. Families talked very positively about the service and the staff team. One parent said, "All staff members are extremely supportive and professional." Another parent shared, "I've always found them friendly and approachable to talk to."

The manager had recently reviewed the vision for the service, which included seeing what was possible for individuals, families, communities now and in the future. We discussed involving the children, families and staff in developing a shared vision and values for the service. This would create a meaningful approach that reflects the views and aspirations of the service, children and families.

A quality assurance calendar was in place which highlighted tasks to be completed by management. The calendar template was being further developed by management to ensure effective self-evaluation tasks were identified to support robust quality assurance processes. Self-evaluation processes were mostly informal, through staff discussions and the manager's reflections. We discussed embedding a thorough understanding of tools and best practice guidance as a team to help guide and structure evaluation, monitoring and auditing within the service. Consultations with children and families provided feedback to support service development. Management shared information about service improvements through regular newsletters to ensure families were informed and included. A development plan was in place with identified priorities to support the continued improvement of the service. We discussed with management the development of a robust quality assurance system to evaluate, monitor and audit all areas of the service, which would support improvement and positive outcomes for children and their families (see area for improvement 1).

Policies and procedures were in the process of being reviewed and updated to ensure they followed current best practice guidance and were relevant to the service.

Recruitment processes were in line with safer staffing guidance. This supported children's safety and wellbeing. Staff told us they felt supported by management and colleagues. The induction process and mentoring support helped them settle into the service.

Areas for improvement

1. To promote a culture of continuous improvement within the service, the provider should enhance the approaches to self-evaluation and develop robust quality assurance processes. This should include, but is not limited to:

- a) staff developing an understanding of frameworks, tools and best practice guidance
- b) developing self-evaluation processes.

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).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children had fun during their time in the service and were encouraged to lead their own play. We saw that friendships had been developed amongst the children, who told us they liked to play with their friends. One child shared, "I get to play and I have friends here."

There were resources and activities available for all age groups over both afternoons to support children's interests and imaginations. Some children were restless and boisterous when they came into club, running around the hall and throwing a teddy around, while they waited for resources to be brought out. We discussed with the manager the support given to some children as they transition into the club from school and the availability of resources to encourage choice and decision making.

Staff knew the children and talked of their interests. Toys and resources were provided to meet these interests; for example, kinetic sand, footballs, and junk modelling. Children talked of having fun with the kinetic sand and enjoying crafts and junk modelling, which they could also choose to participate in. Staff should encourage and provide opportunities to encourage children's independence throughout the club; for example, children being supported to use scissors when at the craft table to cut out their butterflies and drawings. A group of children had fun den building together for most of the second afternoon, using their imaginations and working together, to create the den. Children had access to the gym hall for physical play, where they played with the footballs and had space to run around and be active.

Staff interactions and engagement with children varied during the inspection, with many missed opportunities to sit and engage with children on the first afternoon. During the second afternoon, staff were more engaged and responsive to children, sitting with them, moving around and joining in play when appropriate to do so. Staff should be supported to develop their confidence and skills to aid engagement and discussions with children (see area for improvement 1).

Staff encouraged and supported child led play. There was a mix of spontaneous and planned adult initiated experiences to meet the individual needs of some of the children attending. Staff displayed photographs of the children involved in a variety of activities and experiences on the display board and within a folder, along with artwork. Management and staff should consider how they evaluate and reflect on children's play experiences and document this; for example, in floor books which the children can have ownership of to revisit their past activities.

Areas for improvement

1. To support high quality play, learning and outcomes for children, the provider should ensure staff develop their skills and confidence in interactions.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16).

Children are supported to achieve **3 - Satisfactory / Adequate**

Quality indicator: Nurturing care and support

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

Children had formed friendships within the club, some with friends from different schools. They chatted and played together, enjoying each other's company. Staff knew the children in their care; however, at times, they were not as responsive as they could have been. Staff should be supported to develop their skills and confidence with engagement and responsiveness to support children's wellbeing, play and learning (see area for improvement 1 within 'Children play and learn').

Personal plans gathered information to help staff meet children's needs and support them as individuals. This information included 'all about me' booklets which should help staff tailor the service to individual preferences and interests. Management talked of developing the personal plan template to capture further information to support and meet children's individual needs. We signposted the service to the Care Inspectorate guidance 'Guide for providers on personal planning, early learning and childcare (2021)' to assist with this development.

Children's medical needs were supported by the safe storage of medication. Parents gave written consent for administration when this was required by their child. More detailed information should be gathered for the signs and symptoms the child would display before administration of medication was needed. Also, more information was necessary to inform staff of the steps they would take should the medication administered not work as expected. This information would help keep children safe and receive the correct treatment at the right time.

Medication information and consents should be reviewed with parents every three months to ensure it remains current to meet the child's needs (see area for improvement 1).

Snack time was a sociable experience for the children where they could chat with friends. Nutritious snacks, including fruit, were provided along with water and milk for hydration. There were opportunities for children to be independent, such as spreading their bagels and putting their dishes away when finished. Staff should provide further opportunities for independence through encouraging self-serving. A parent commented, "My daughter learned to eat food which she will not try at home!!!"

Staff communicated with families face to face when they collected their child and through newsletters. We heard parents share information with staff to keep them informed about their child's needs at the club. This

supported the building of relationships with families and ensured children's wellbeing and needs were met daily.

Areas for improvement

1. To ensure children's health and wellbeing needs are supported, the provider should review their recording of medication. This should include, but is not limited to, capturing signs, symptoms and steps to follow should medication not be effective.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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

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