

# Cornton Out of School Care Day Care of Children

Cornton Primary School  
Stirling  
FK9 5DZ

Telephone: 07527096429

**Type of inspection:**  
Unannounced

**Completed on:**  
22 January 2026

**Service provided by:**  
Cornton Out of School Care a Scottish  
Charitable Incorporated Organisation

**Service provider number:**  
SP2019013335

**Service no:**  
CS2019376102

## About the service

Cornton Out of School Care is a registered daycare of children service. The service is delivered from Cornton Primary School, Stirling. Children have access to a large hall, toilets and direct access to an enclosed playground.

The service is registered to provide a care service to a maximum of 24 children at any one time, age from 4 to 12 years.

## About the inspection

This was an unannounced inspection which took place on Tuesday 20 January 2026, between 15:15 and 17:45. We continued the inspection on Wednesday 21 January 2026, between 15:15 and 17:30. We gave inspection feedback to the manager and a trustee member on Thursday 22 January 2026. Two inspectors carried out the inspection from the Care Inspectorate.

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:

- spent time with children using the service;
- received four completed Microsoft questionnaires from families and four from staff;
- spoke with staff, the manager and a trustee member;
- assessed core assurances, including the physical environment;
- observed practice and children's experience; and
- 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, improvements were identified relating to core assurances. We have reported where improvement is necessary within Leadership and Nurturing care and support.

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

- The staff team had built positive relationships with families, which helped children to feel secure in the service.
- Staff interactions were honest, respectful, and engaging, which created an inviting and welcoming atmosphere for children and families.
- Recent changes in leadership and staffing had affected the service's ability to maintain progress. These changes created gaps in stability, which limited the pace of development.
- The service did not have a clear approach to self evaluation, which limited its capacity to reflect on strengths and identify priorities for improvement.
- Audits of essential records and documents had not been carried out, which restricted the service's ability to identify gaps, monitor quality, or ensure compliance with required standards.
- Children benefited from free access to a range of toys and resources that supported them to make independent choices throughout the session.
- The approach to personal planning was not robust to support children's individual routines, care needs, and health.
- Medication procedures were not robust or aligned with legislation or 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	3 - Satisfactory / Adequate

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 made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Since the previous inspection, there had been multiple changes in management, trustees, and the wider staff team. This disrupted continuity and impacted key areas of service delivery. Changes had resulted in delays in addressing two outstanding areas for improvement, as staff were still adapting to new roles and expectations. A list of identified improvement priorities were in the early stages of development. However, evidence of progress was limited. This meant we were unable to fully evaluate the impact of identified priorities. We highlighted the need for timely and sustained progress to ensure the service delivered consistently high quality outcomes and address areas that required improvement.

The service had vision, values, and aims that were used within some staff's practice. They included promoting stimulating, fun, and imaginative experiences for children. The aims of the service supported trustees, staff, and families to understand the service's intentions. We highlighted the importance of revisiting the vision, values, and aims so they reflected the current needs and views of all children, families, and staff.

The service did not have an organised or systematic approach to improvement. At the time of inspection, there was no improvement plan, self evaluation process, or structure in place to guide developments. As a result, clarity about the service's focus and direction were unclear. Staff engaged in informal conversations with families and shared updates through WhatsApp and the service's Facebook page. These interactions supported positive relationships and kept families connected to day to day experiences. However, the information gathered through these discussions was not used to inform quality assurance activity or drive improvement planning. Staff skills, knowledge and practice varied across the team, resulting in inconsistent experiences for children. The lack of structure and identified focus areas significantly reduced the service's capacity to plan purposeful improvements, demonstrate progress over time, or evidence a clear vision for development.

We encouraged the provider to use the priorities identified during inspection to create an achievable improvement plan with clear timescales. We signposted management to the Care Inspectorate's Hub to support the development of a self-evaluation process. A previous area for improvement was made at the last inspection and will be continued (see 'What the service has done to meet any areas for improvement we made at, or since the last inspection').

Robust systems to monitor and maintain standards within the service were not in place. For example, limited policies and procedures which were in place were not followed or fully in line with current best practice guidance. Risk assessments were underdeveloped and staff were not fully aware of potential hazards, and as per conditions of registration, notifications to the Care Inspectorate were not followed. This resulted in increased risks to children's health, wellbeing and safety as well as limiting the service's ability to respond promptly to patterns, concerns, or emerging needs. The lack of structured improvement planning meant that management were not actively identifying or addressing gaps in practice. As a result, children did not benefit from a service that continuously evaluates itself or strives for sustained improvement. A previous area for improvement is no longer in place and has been incorporated into a new requirement (see

requirement 1).

Staffing arrangements did not meet expected regulatory requirements or best practice guidance. Recruitment practices were not followed in line with current safer recruitment guidance, and the arrangements for monitoring and maintaining staff registration with the Scottish Social Services Council (SSSC) were not effective. There was reduced assurance that all staff working with children were suitably checked, qualified, and professionally regulated. This had the potential to place children at increased risk, compromise safety, wellbeing, and the quality of care they experience. Trustee members had started to address and implement a new approach to resolve some of these matters by the time of writing the report (see requirement 2).

Induction arrangements for newly recruited staff were incomplete and basic. The approach to induction was inconsistent and there was no formal, structured induction process. Opportunities for staff to access training relevant to their responsibilities were limited. As a result, staff were not being supported fully and some children did not receive high quality experiences. We encouraged the staff team to build knowledge, skills, and confidence to effectively support children's wellbeing, engagement, and development (see area for improvement 1).

## Requirements

1. By 6 April 2026, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance. This is to ensure the service operates in line with regulatory requirements, best practice guidance and reduces any potential hazards to children.

To do this, the provider must, at a minimum:

- a) create a structured quality assurance system to ensure essential checks are carried out across the service;
- b) update policies and procedures in line with current best practice and ensure these are followed;
- c) develop staff's skills, knowledge and awareness of potential hazards across the service; and
- d) establish clear roles and responsibilities for trustees and staff to better support service delivery.

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) 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19);

'My environment is secure and safe.' (HSCS 5.17) and

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

2. By 6 April 2026, the provider must ensure children's health, wellbeing and safety is supported through following best practice guidance and legislation.

To do this, the provider must, at a minimum:

- a) ensure staff register and maintain their registration with SSSC; and

b) revisit current staff information and confirm all staff have been recruited in line with 'Safer Recruitment Through Better Recruitment' guidance.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 3 Principles 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:

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

## Areas for improvement

1. To support children to receive positive learning and development experience, the provider should ensure staff access training that is appropriate to their role, and new staff are supported using the principles set within 'early learning and childcare: national induction resource'.

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

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

## 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 experienced child led play and learning, supported by an environment where resources and toys were readily accessible. This enabled children to make choices independently and be more involved in shaping their play experiences.

Children experienced a positive environment that supported their engagement. They were happy and relaxed within the play spaces. Children moved freely and confidently, selecting activities that interested them. The use of free flow access to the outdoors further promoted healthy lifestyles. Children told us they enjoyed choosing where to play and liked being outdoors with their friends. Overall, these experiences had a positive impact on children's independence, confidence and sense of wellbeing.

The approach to documenting children's learning and experiences was inconsistent. While a floorbook highlighted children's past experiences and events, and at times captured children's voice to demonstrate their views, it was not consistently maintained. The floorbook would benefit from regular updates that include planning, reflections, and identified next steps. This would strengthen opportunities for children to be more actively involved in influencing their play and learning.

Staff demonstrated positive, trusting interactions with children and their engagements were kind and respectful. We highlighted times where children's play could have been extended further through the use of open-ended questioning. This would promote high quality interactions and better support the extension of children's interests.

## 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.

Interactions from staff were kind and most staff knew children well. This contributed to children feeling secure and supported. One parent commented, 'A safe place they can have fun or relax after school.'

Children's individual wellbeing did not consistently benefit from the effective use of personal planning. Although personal plans had been developed in partnership with families, and some children had a 'Cornton passport' outlining their likes and dislikes, this information had not been reviewed for some time. Some staff shared key information about how they support children's health and wellbeing. However, personal planning for most children was inconsistent. The absence of timely reviews, clear and updated strategies of support meant continuity and consistency in care was compromised. We asked that children's personal plans be updated by parents and staff in line with legislation. This will ensure information remains accurate and meaningful to support children's care, health and wellbeing (see area for improvement 1).

Gaps were identified in staff's knowledge, understanding and approach to managing medication, which had the potential to put children's health needs at risk. Staff did not have easy access to life saving medication, children's medical information and consents. The service should review practice, to ensure it aligns with best practice guidance. This would ensure systems are robust and children's health needs are better supported (see area for improvement 2).

Snack time was a sociable experience for children as they interacted with peers and shared conversations with staff. Some children were developing their independence skills, for example pouring their own drinks and helping themselves to food. To strengthen this routine, staff could support children more meaningfully. For example, cleaning the table prior to snack or helping to gather the snack food. This would enhance their responsibility and self-help skills.

Families were welcomed into the service which supported positive relationships and open communication. Clear signing-out procedures were followed and WhatsApp was used to share practical updates. This helped to maintain strong links with families. Events such as afternoon tea further strengthened community engagement. A parent commented, 'All staff are attentive and well organised. We are notified of everything that happens, for example, taking the children to the park or library.'

## Areas for improvement

1. The provider should ensure personal plans are used effectively to meet children's health and wellbeing needs.

This includes, but is not limited to:

- a) staff using the information to effectively meet children's needs;
- b) personal plans being reviewed and updated in partnership with families,
- c) strategies to support children are recorded in plans; and
- d) chronologies to record significant events are in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 is to ensure care and support is consistent with the Care Inspectorate document 'Guide for providers on personal planning' and 'Practice guide to Chronologies'.

2. To ensure children's health and wellbeing needs are met, the provider should develop medication systems and procedures.

This includes, but is not limited to:

- a) ensuring all staff have an awareness of children's medical needs and medication consent forms and information is in place to manage medication;
- b) medication practice and procedures are reviewed and reflect 'Management of medication in daycare of children and childminding services' guidance and legislation; and
- c) regular reviews of medication are complete and carried out at least every three months.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is to ensure care and support is consistent with the Care Inspectorate document 'Management of medication in daycare of children and childminding services - December 2024'.

## 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 an ethos of continuous improvement and a steady pace of change, the committee, staff and families should now work in true partnership to reflect on what is going well and how they will identify future developments to improve outcomes.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 25 November 2024.**

#### Action taken since then

Due to changes, this area had not been progressed.

There was no formal improvement plan in place, and the service did not have an established self-evaluation process to drive development. We signposted the service to the Care Inspectorate's hub to help develop a self-evaluation process.

This area for improvement will be continued.

#### Previous area for improvement 2

To improve outcomes for children and families, the manager should develop quality assurance systems to review all aspects of the service through regular monitoring and feedback to staff. Information gathered should be used to inform improvement plans.

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

'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 25 November 2024.**

#### Action taken since then

A formal quality assurance system had not been implemented, and there was no structured monitoring across the service. Audits of children's health and wellbeing information, accident and incident records, and notifications to the Care Inspectorate had not taken place. Not all staff's SSSC registration were in place at the time of inspection and we outlined the need to strengthen the approach to the safe recruitment of staff.

Children are at increased risk of experiencing inconsistent practice and the service risks overlooking opportunities to respond promptly to patterns, concerns, or emerging needs.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question: Quality Indicator: Leadership and management of staff and resources.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

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

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