

Heatheryburn Schoolage Childcare Day Care of Children

Heatheryburn School
Howes Road
Aberdeen
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Telephone: 07825733804

Type of inspection:
Unannounced

Completed on:
29 January 2026

Service provided by:
Aberdeen City Council

Service provider number:
SP2003000349

Service no:
CS2023000188

About the service

Heatheryburn Out of School Club is registered to operate a care service during school term time and during school holidays. The service is provided within Heatheryburn Primary school, Aberdeen. The service has dedicated use of the dining hall and regular use of the gym hall. There is access to a large enclosed outdoor space, and a small classroom called the cosy corner where children and young people can go for 1:1 support.

The service is provided to children and young people from Heatheryburn Primary School, and transport arrangements are in place for supporting children from other schools outwith Heatheryburn. The service has a peripatetic manager and a senior playworker who oversees the daily running of the service.

About the inspection

This was an unannounced inspection which took place on 26, 28 and 29 January 2026 between 13:30 and 18:00. 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 registration information and information submitted by the service.

In making our evaluations of the service we:

- Spent time with children using the service and spoke to some parents/carers
- Spoke with staff and senior management team
- Received six responses to our request for feedback from parents and carers and three from staff via our online questionnaire
- Observed practice and children's experiences
- Assessed core assurances, including the physical environment
- Reviewed documents.

As part of our inspection, we assess core assurances. These are checks we make to ensure that children are safe, the physical environment is well maintained and that a service is operating legally.

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 the following aspects:

- Staff deployment
- Safety of the physical environment
- The quality of personal plans and how well the 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 benefitted from nurturing interactions from staff who knew them well.
- Quality assurance and self-evaluation processes were not yet effectively impacting on the quality of children's overall experiences.
- The service needs to develop its planning processes to ensure an engaging environment offers children a choice of quality play experiences.
- Children participated in learning about ways to stay safe.
- Opportunities for outdoor play were limited, reducing the benefits for physical and mental wellbeing.
- Medication procedures required improvement to ensure children's health needs are being consistently met.
- To ensure children's safety and wellbeing, chronology information should be organised and capture all key information.

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 thrive and develop in quality spaces	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 adequate where strengths just outweighed the weaknesses.

The service was in a period of transition following some changes to the management team. A peripatetic manager and a senior playworker were in place, and this supported the day-to-day daily running of the service. Staff were committed and positive about the new arrangements and felt well informed and supported.

Leadership had not yet fully evolved and this had an impact on the quality of children's experiences. For example, on day one of our visit we observed limited accountability for decision making. Staff were unsure of plans, and this then impacted on children's choices of activities. The service should continue to undertake learning to progress their knowledge of roles and responsibilities and develop their leadership skills.

Staff were able to share information about their vision 'to provide a safe, caring and fun environment and promote fairness, respect and celebrate achievement.' We were informed that the vision and aims were in the process of being reviewed. Involving families in this process would give a sense of purpose and make the vision meaningful to Heatheryburn Out of School Club.

The service had recently issued online surveys to engage families and gain feedback. The manager and staff planned to collate responses and use these to inform where any improvements were required to support positive outcomes for children.

Self evaluation processes and the service's improvement plan were at an early stage and not yet driving improvement. The management team had begun identifying priorities; however, the rationale for these was not clearly evidenced. Strengthening their use of gathered information and implementing the 'Quality Improvement Framework for the early learning and childcare sector' (QIF) would help staff prioritise improvements for children. This would support more targeted development work and lead to improved outcomes for children (see area for improvement 1).

Audits had been undertaken; however, these were not effective in identifying where records needed further information. For example, we identified gaps in personal plans and medication plans. This could result in children's individual needs not being met and pose potential risks to their safety and wellbeing. A quality assurance audit was undertaken by the service to review practice; however, this was not yet leading to improvements in practice (see area for improvement 1).

Areas for improvement

1. To support the outcome for children and families, the service should implement robust quality assurance and self-evaluation processes that lead to improvement.

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 thrive and develop in quality spaces 3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces

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

The dining hall where children played was large and big windows offered plenty of daylight into the room. The service had access to the gym hall and outdoor space, staff also spoke of walks to the nearby duck pond. On day one of our visit, children had access to a limited range of indoor play experiences. The environment lacked inspiration, this meant there was little to challenge or ignite the children's imagination. On the second day of our inspection however, we saw an improved play environment. Staff had set up a science experiment and rearranged the space to give more opportunities for drawing and jigsaws. There were more floor toys available and overall, this offered children slightly more choices in play. The service made better use of the gym hall on day two. Children and staff were observed joining in games using light up sticks and dancing to music (see area for improvement 1).

A small inviting classroom was available for children to access if they needed quiet time. However, this was a distance from the dining hall meaning children could not access this independently. We discussed the necessity of a quiet space as part of the dining hall. To promote children's rights to rest the service should ensure that there is a dedicated quiet space within the dining hall. This would ensure that children have the choice to quiet time as and when needed.

Staff used their knowledge of the Care Inspectorate child safety campaign safe, inspect, monitor, observe and act (SIMOA) to raise awareness of safety. The service had used imaginative ways to introduce SIMOA and had involved the children in discussions about ways to stay safe.

Safety measures were in place, such as securing the outdoor space and effective staff communication. This contributed to the general safety of the environment. Staff also supported children's understanding of safety by involving them in benefit risk assessments. However, lone working had not been identified as a possible risk. Strengthening risk assessments to include this would improve the overall approach and better support safety measures

Children were aware of daily routines, and on arrival to the service removed their coats and bags and washed their hands. To ensure that infection prevention and control measures are being followed, staff should monitor children when handwashing. This will help to support the control of infection and keep children safe.

Areas for improvement

1. The service should ensure a rich and well-resourced environment that supports all children to experience high quality play and learning opportunities.

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 can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Planning for play and learning experiences was in the initial stages of development, and staff confirmed this was an area for improvement. There were limited opportunities for children to lead their own play or follow their own interests due to a lack of resources. Invitations for play were limited, and resources were not set out in an inviting way. This meant that children were unable to engage in moments of creativity, curiosity or problem solving. Involving children in creating their own environment would support their interests and offer opportunities for staff to reflect on experiences (see area for improvement 1).

Positive interactions with children and young people were evident throughout this inspection. However, staff did not always respond to the needs of the children. For example, during our visit one child experienced little engagement from staff for a substantial amount of time. Staff also informed us that several children used visual aids to support their communication. However, we did not see staff using these to support their interactions with children during the inspection. The service should make certain that all forms of communication are readily available to enable children to have their voices heard.

Outdoor access included a tarmac playground with grass areas and a wooden obstacle trail. We were unable to observe children using the outdoor areas as this was closed throughout our visit. This was due to the weather, although a lack of lighting was a barrier to children regularly accessing the outdoor spaces. The management team informed us they are aware of this issue and are in the process of exploring different solutions. Parents shared positive views on the outdoor play with one stating that, "outdoor things are very much child led." The service should look at ways to access the outdoors in all weathers. The impact of this would be beneficial to children's physical health, wellbeing, and their social skills (see area for improvement 2).

Areas for improvement

1. Leaders should develop their skills in planning for play, learning and development to support children's development and creativity.

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).

2. 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 3 - Satisfactory / Adequate**Quality indicator: Nurturing care and support**

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

Children received warm and personal greetings as they arrived at the service. One parent told us they "love the welcome and happy and engaged staff supporting our children." Communications between staff and children were meaningful, and staff used children's names to foster a sense of identity and belonging. Children were reminded to be kind and were given praise when doing so. Staff spoke confidently about their keyworker children and knew the children's likes and dislikes as well as other information personal to the child.

Personal plans were in place and gave overviews of children's individual needs and how these would be met. We found one personal plan that needed further development and this was fed back to the team. The service had produced an 'at a glance' sheet for staff and visitors to access. This included photos and key information about the child with a brief but informative overview of how to effectively support children's individual needs.

Snack time was relaxed and sociable, with staff sitting alongside children. Children helped to set up the table for snack by filling jugs with water and setting out plates and cups. Staff should consider ways to involve the children in food preparation therefore allowing valuable opportunities for independence. Choices of fruit were limited; this could mean that some children may not eat and then miss valuable opportunities to be fully involved in this experience.

Children arrived at the service following their school day by various methods and were supported well by staff. We found that key information including details relating to children with additional needs was not routinely passed on to service staff. This could potentially limit staff's ability to provide consistent and responsive care. Improving this method of communication during transitions would support children's wellbeing and strengthen the continuity of care and support.

Medication procedures required improvement to support children's health and wellbeing. We found inconsistent information within one child's medication record, and healthcare products had been left unattended for a brief period of time in the playroom. We discussed the need for all medication information to be completed in full, effectively audited, and managed well to reduce risk and support children's wellbeing (see area for improvement 1).

Chronologies which are a method of recording key events in a child's life were in place for every child. However, information was not being collated to ensure that there was a clear overview of concerns and supports in place. This means that identifying concerns, assessing needs and making plans to support children could be compromised. This was shared with staff during our visit, and we signposted staff to current best practice guidance. This will help to safeguard children and ensure that any future concerns will be followed up (see area for improvement 2).

Areas for improvement

1. To support children's health and wellbeing medication, all medication information should be fully completed, effectively audited, and managed well.

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. To ensure children's safety and wellbeing, chronology information should be organised and capture all key information.

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).

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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	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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