Menzieshill Out of School Care Club
Day Care of Children

Tayview Primary School
180 Dickson Avenue
Dundee
DD2 4EH

Telephone: 07470708182

Type of inspection:
Unannounced

Completed on:
23 April 2026

Service provided by:
Menzieshill out of school care club

Service provider number:
SP2003000129

Service no:
CS2003000719

About the service

Menzieshill Out of School Care Club is a day care of children service. The service is registered to provide a care service to a maximum of 65 children at any one time, of an age to attend primary school. Within these numbers, a maximum of 20 children can be cared for in the out of school club room at any one time.

The school age childcare service operates from Tayview Primary School, Dundee and benefits from having access to a community room, dining hall with nearby toilets, gym hall and playground.

About the inspection

This was an unannounced inspection which took place on Monday 20 April 2026 and Tuesday 21 April 2026 between 15:00 and 18:00. The inspection was carried out by an inspector 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 evaluations we:
- spent time with children using the service;
- spoke with the manager and staff team;
- spoke with a parent and reviewed feedback received from families;
- 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, no improvements were identified relating to core assurances.

Key messages

• Children were happy and having fun attending the service. They told us they enjoyed attending.
• Children received warm, nurturing care from staff who knew them well and supported them to feel safe, secure and valued.
• Management and staff were committed to the continued development of the service to improve outcomes for children.
• Management and staff should continue to develop their knowledge of evaluation tools to support their development of robust quality assurance systems.

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	4 - Good
Children are supported to achieve	4 - Good

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.

The service is in the process of reviewing its mission statement, aims and objectives. Management were engaging with parents, children and the staff team as part of this consultation. This demonstrated a commitment to developing a shared vision. We discussed the importance of developing a shared vision which reflects the values and aspirations of children, families and staff, and embedding this within daily practice to promote consistency.

Staff were at an early stage of evaluating the quality of the service and introducing quality assurance systems. Current quality assurance activity included audits of medication administration, accident and incident records and reviews of children's personal plans. These processes supported safe practice and helped identify areas requiring improvement. Staff evaluations of activities were supporting them to reflect on children's interests and experiences and make appropriate changes and adaptations. This ensured experiences were responsive to children's interests and individual needs, which positively impacted their engagement and wellbeing. Staff recruitment procedures were found to be in line with current best practice guidance ensuring appropriate checks were made and children were kept safe.

A quality assurance calendar was in place, which supported regular monitoring, evaluation and auditing of key areas of the service. To strengthen this further and develop a robust quality assurance process, staff should continue to develop their understanding and use of the Quality Improvement Framework to support reflective, evidence-based evaluation of the environment, practice and outcomes for children. We have reworded and continued the area for improvement from the previous report. **(See area for improvement 1).**

Management and staff should develop a clear improvement plan, with no more than three key priorities, which would help ensure actions were achievable and measurable. This would support sustained improvement and clearer outcomes for children and families.

Consultations were taking place with children and families, and children had been supported to learn about their rights, with evidence of this displayed in floorbooks. To improve the quality of feedback gathered, staff should continue to develop consultation methods, ensuring questions are open-ended. This would enable more meaningful information to be gathered and used to inform service development, resulting in improvements that more accurately reflect children's and families' views and experiences. Further use of floorbooks could enhance the gathering, collation and analysis of feedback from children and families, strengthening the service's ability to demonstrate the impact of changes made.

Policies and procedures required review to ensure they contained all necessary information and reflected current guidance. Updating these documents would support staff to consistently follow best practice and further promote children's safety, wellbeing and quality of care.
Some staff were planning to undertake further childcare qualifications to support their roles and responsibilities. Staff should continue to access relevant best practice guidance and professional

documentation to further develop their knowledge, skills and confidence in practice.

Areas for improvement

1. To promote a culture of continuous improvement so that outcomes for children and families can be as positive as possible, the provider should develop and enhance the current approaches to quality assurance and self-evaluation.

This is to ensure 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 4 - Good

Quality Indicator: Play, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children were happy and settled during their time at the service. They interacted positively with their peers and took part in a range of play opportunities both indoors and outside. This supported children's wellbeing and helped them feel comfortable and confident within the service.

A suitable range of resources and toys was available and reflected children's interests and stages of development. Children were able to access activities such as football on the MUGA (Multi Use Games Area) pitch with staff support, arts and crafts, and small world play. These opportunities supported children's physical activity, creativity and imaginative play. For example, we observed children engaging in role play, pretending to be teachers, which encouraged communication and early literacy skills. One child shared "I love to be in after school club because it's amazing. I like to play football".

The manager demonstrated awareness of the need to refresh resources and talked of ensuring resources were available for the older children, such as beyblades, which the younger children were also having fun with. They advised that new resources were purchased on a six monthly basis, which helped maintain children's interests and offered challenge to children's play, if needed.

Staff had an understanding of children's interests and responded to these during play. Children were able to move freely between activities, promoting choice and independence. Children told us they enjoyed attending the club and were able to describe activities they liked, such as playing football, drawing and role play, indicating that they felt comfortable and included.

Children were consulted about activities through children's meetings and informal discussions. This supported children to have some influence over what was offered. Staff evaluated activities to inform future planning; however, this should be developed further to ensure planning consistently reflects children's changing interests and supports child led play.

The service made good use of the available space. Children had access to books and quieter areas with soft

furnishings, which supported relaxation and calm play. Opportunities to promote language, literacy and numeracy were provided through activities and resources.

Interactions between staff and children were kind and caring. Staff sat with children and joined in play when appropriate, helping children feel supported and valued. Staff who were new to their roles would benefit from further support and guidance from management and colleagues to develop confidence and consistency in their interactions, which would further improve outcomes for children.

Children benefited from regular access to the outdoor environment, enabling them to enjoy fresh air and participate in physical play. The free flow access to outdoors promoted independence, choice and decision making. Staff enhanced the outdoor experience by setting up inviting activities within the playground, which encouraged participation and collaboration. The impact of this was evident when some children confidently adapted and extended the experiences available, independently rearranging resources to enhance the original activity. This demonstrated children's creativity, problem solving abilities and ownership of their play. Other children engaged positively in physical games, such as football with a staff member, supporting their physical development, social interaction and positive relationships with staff.

Children are supported to achieve — 4 - Good

Quality Indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Staff demonstrated a good knowledge and understanding of the children attending the service. Personal plans were in place for all the children. These plans included relevant information which supported staff to meet children's individual needs effectively, resulting in children experiencing care that was responsive and consistent. This contributed positively to children's wellbeing and sense of security. To further strengthen practice, staff should ensure personal plans consistently include start dates and that all children have a completed "All About Me" section, supporting clearer timelines and a comprehensive understanding of children from admission. Management and staff were aware that the information must be reviewed and updated when necessary with parents/carers, at least every six months in line with legislation.

Children had formed positive and trusting relationships with staff. Observations showed staff interacting with children in a calm, warm and reassuring manner during snack times and play. Staff positioned themselves at children's eye level, offered praise and encouragement and responded sensitively to children's needs. As a result, children appeared relaxed, confident and comfortable within the environment, which supported their emotional wellbeing and attachment.

Medication management procedures had been improved and followed best practice guidance. Medication was securely stored in a cabinet within the office, reducing risks and ensuring children's safety. Parental consent forms were completed prior to administration and were reviewed with parents every three months to ensure information remained accurate. Medication audits were regularly completed, providing effective oversight and assurance that procedures were consistently followed.

Snack provision supported children's wellbeing, with some opportunities identified for further development. The manager discussed reviewing snack choices with children and parents in line with nutritional guidance.

Further opportunities to encourage independence could be provided by involving children in snack preparation. This would further enhance children's confidence, independence and life skills.

Positive, respectful relationships between staff and families were evident. Families were warmly welcomed when collecting their children, and staff consistently acknowledged parents, engaging in friendly conversations and sharing information as appropriate. Parents felt comfortable asking questions and staff responded confidently and informatively. A parent commented, "Staff are all so lovely and helpful".

Communication methods, including emails and text messages, were well used, and parents confirmed that communication from the service was good. This strong partnership working had a positive impact on children's experiences and families' confidence in the service.

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 promote a culture of continuous improvement so that outcomes for children and families can be as positive as possible, the provider should develop and enhance the current approaches to quality assurance and self-evaluation.

This should include but is not limited to:
a) the manager ensuring personal plans are reviewed and shared with parents/carers, at a minimum of every six month, plans include children's tailored needs, staff are competent with systems to support the safe recording and administration of medication.

This is to ensure 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)
'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); and
'My care and support meets my needs and is right for me'. (HSCS 1.19).

This area for improvement was made on 3 September 2025.

Action taken since then
The service had improved their reviewing of personal plans and medication systems and recording. They were still in the early stages of using evaluation tools to evaluate and reflect on the setting and outcomes for children.

We have reworded the area for improvement and continued it at this inspection.

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 play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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