Clepie Kids Out of School Care Club
Day Care of Children

Clepington Primary School
Eliza Street
Dundee
DD4 6TQ

Telephone: 07482 670 007

Type of inspection:
Unannounced

Completed on:
7 October 2026

Service provided by:
The Clepie Kids Out of School Care Club

Service provider number:
SP2008009673

Service no:
CS2008172586

About the service

Clepie Kids Out of School Care Club provides a daycare of children service in Dundee. The service is registered to provide a care service to a maximum of 40 children who attend primary school. The service operates from a dedicated space within the premises of Clepington Primary School, Dundee.

Children have access to a playroom, the dining hall and school playground. There is also a kitchen/office space. In case of the premises at Clepington Primary School not being available, the service may operate from Morgan Academy, Forfar Road, Dundee.

The service is situated in a residential area of Dundee, close to shops, parks, and public transport.

About the inspection

This was an unannounced inspection which took place on the afternoons of Monday 5 October 2026 and Tuesday 6 October 2026. 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, spoke with one parent and reviewed feedback from 8 families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

• Children were happy, settled and having fun at the club.

• Staff were developing positive relationships with children and families.

• Further development of self-evaluation and quality assurance systems were needed to ensure they were robust and supported improvements.

• Management and staff were committed to the development and continuous improvement of the service and high-quality outcomes for 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	4 - Good
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.

There had been a new manager and mostly a new staff team employed since the previous inspection. They were committed to improving the club and providing high-quality care for the children.

Management had reviewed the service's mission and values which reflected a commitment to children's right to play and encouraging child-centred practice. We suggested that children and families were involved in future reviews as this would reflect and support the experiences and expectations of those using the service.

Safer recruitment practices had been followed and necessary checks had been completed before staff started their employment. However, some recruitment records were not fully completed and not all staff files contained two references. Management recognised this and should strengthen recruitment systems to ensure records are completed and fully support safer recruitment practice. This would provide greater assurance that robust processes were in place to protect children.

Staff were supported through induction arrangements when starting employment. While this helped staff become familiar with the service, children and families, induction processes were not formally recorded. The implementation of a formal induction programme, tailored to the individual, would help ensure staff had a consistent understanding of their roles and responsibilities, supporting confidence and competence in practice.

The management team had begun implementing systems to monitor the quality of care. These systems should be further developed. We discussed developing the quality assurance calendar so that it supported the manager in keeping track of and completing tasks monthly that supported the development and improvement of the service. Monitoring and clearer auditing systems should also be developed further so that they identify any patterns or trends and influence service improvements.

Improvement priorities had been informally identified. These should now be streamlined to provide staff with a clear understanding of improvement. This would ensure developments and improvements were manageable. Staff talked of ensuring the children's voice was further developed and included throughout the service. We suggested methods to help the service to evaluate the impact within improvement priorities and potential next steps.

Self-evaluation was at an early stage of development. Daily reflection sheets and informal discussions were beginning to support reflection on practice. Staff and management should develop a systematic approach to evaluating the quality of the service and embed this within practice. Strengthening self-evaluation processes would help create a more robust approach to continuous improvement. We have continued this area for improvement from the previous inspection. **See 'What the service has done to meet any areas for improvement we made at, or since the last inspection'.**

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Children and families were beginning to have opportunities to influence the development of the service. Consultation had taken place regarding ideas for the club and families spoke positively about planned opportunities to become more involved. A parent shared "I usually take part in surveys if I get the opportunity". Systems for demonstrating how feedback had informed change were still developing. The service should ensure feedback was routinely recorded, acted upon and evaluated through a clear approach. This would help children and families understand that their views were valued and contributed to service improvement.

Communication with families was effective. Staff shared information with parents through face-to-face discussions, an app, noticeboards and information displays. Positive communication between staff and parents took place at collection times, helping families remain informed about their child's experiences and promoting positive relationships between home and the service.

There had been improvements in staff deployment and communication since the previous inspection. Staff worked together to support supervision across indoor and outdoor areas, with the use of walkie talkies. Management should continue to monitor practice to ensure agreed procedures, including keeping the playground gate closed, were consistently followed. This would help maintain children's safety.

The manager recognised the importance of developing staff knowledge and skills and planned to create an overview of staff training and future learning needs. This would help identify strengths within the team and support professional development. Management should ensure all staff are registered with the Scottish Social Services Council within required timescales. Addressing this would help ensure the service met its regulatory responsibilities and support a competent workforce.

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, settled and engaged at the club. They had developed friendships and were able to choose whether to play with others or independently. A parent told us, "I'm grateful to know that my child is spending time with friends in a safe environment and is well looked after". Staff were developing relationships with children and were responsive to their interests and preferences. This meant children experienced a welcoming environment where they felt included, respected and able to enjoy their time in the setting.

A range of resources and experiences were available, both indoors and outdoors, which reflected children's interests and supported their developing skills. Some of the children engaged in sustained play experiences, including construction activities, Lego and imaginative play. Opportunities to share resources and cooperate with others helped children develop confidence, social skills and self-esteem.

Children benefited from a child-centred approach which promoted independence. They confidently accessed resources from storage areas and selected outdoor equipment for themselves. This enabled children to make choices about their play and take ownership of their experiences. Staff should continue to evaluate the layout of the playroom to ensure all areas are fully accessible and meet children's needs. Consideration should be given to comfortable spaces where they can rest, relax and enjoy quieter activities, such as, reading.

Children's views influenced the activities and experiences available within the club. Weekly planning discussions provided opportunities for children to share their ideas and suggest activities, which were recorded and displayed for children and staff. Staff were responsive to children's interests, for example, incorporating requests for activities and supporting children to revisit previous suggestions. This helped children feel listened to and encouraged them to take an active role in shaping their experiences. Staff should continue to develop their approaches to evaluation and reflective practice to further strengthen responsive planning, child-led play, and play and learning opportunities for the older children.

Interactions between staff and children were warm, nurturing and respectful. Staff understood when children wished to play independently and when to sensitively join play experiences. They used open-ended questions effectively to extend children's thinking, curiosity and problem-solving skills. Positive interactions contributed to children feeling valued and supported.

Children enjoyed regular access to fresh air and outdoor play through a free-flow approach. Staff participated in outdoor experiences when appropriate and followed children's lead during play. This supported children to be active, have fun and benefit from a balance of indoor and outdoor experiences.

Floor books were in the early stages of development, displaying activities and experiences that children were involved in. Continued development of these, for example, including evidence of children's and families' voices, children's learning and skill development, and the evaluation of planned experiences, would help demonstrate the impact of activities and support ongoing improvement.

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 experienced care from a staff team who were kind, caring and nurturing. Staff showed genuine warmth and interest in children and were beginning to get to know them and establish positive relationships with them and their families. This supported children to feel welcomed and settled within the service. The service was in a period of transition, with most staff and management being new to their roles and still developing their knowledge of children's individual needs and preferences. Children's needs were mostly recognised and supported. Management were aware of children's needs and were beginning to develop their understanding of support strategies. Improving staff knowledge of strategies to support children's needs would support them to adopt a consistent, confident, and responsive approach. This would help to enhance children's wellbeing.

Personal plans were developing and information about children was being gathered through "all about me"

documents. However, some personal plans lacked sufficient detail and were not always fully completed, signed or dated by parents/carers. Chronologies were being introduced where they would be beneficial in supporting children. Staff should develop their understanding of chronologies and how this information may support their practice. Improvements to personal planning and staff understanding of individual needs would help ensure children receive more consistent support that promotes their wellbeing and safety. We have continued the area for improvement from the last inspection. **(See 'What the service has done to meet any areas for improvement we made at, or since the last inspection').**

Arrangements for the storage of medication were appropriate, with life-saving medication readily accessible when required. Recording systems needed further improvement to ensure all information was accurate, fully completed and supported the safe administration of medication. We found gaps in permissions and recording arrangements, and auditing processes were not yet sufficiently robust. These weaknesses increased the potential risk of errors and should be addressed to ensure children remained safe and well supported when medication was needed. We have continued this area for improvement from the last inspection. **(See 'What the service has done to meet any areas for improvement we made at, or since the last inspection').**

There had been some improvement in the snack experience. Children had access to healthier snack choices and staff were beginning to encourage more opportunities for independence. Staff had an awareness of children's allergies and dietary needs, helping to ensure suitable options were available. The staff should continue to review and develop snack time as it did not consistently promote children's wellbeing. Children experienced delays while queuing for snack and sometimes became restless. Staff responded positively to feedback during the inspection and adapted practice to improve children's experiences. Further improvements were needed to support safe eating practices, infection prevention and children's hydration. Management were asked to review handwashing facilities to ensure they met best practice guidance.

The service was developing positive partnerships with families. Staff welcomed parents into the service and shared information through daily conversations, digital communication and information displays. Parents spoke positively about the club and the experiences it offered their children. A parent said, "The service is run very effectively and they care for and look after the needs of my child. The service is invaluable". Planned parent meetings demonstrated a commitment to increasing family involvement and gathering views to support ongoing improvement. These developing relationships helped parents feel informed and included in their child's care and experiences.

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 improve outcomes for children and families, the provider should develop robust quality assurance and self-evaluation systems.

This should include, but is not limited to;

- identifying achievable areas for improvement and actions;
- auditing and monitoring staff practice and children's experiences;
- providing opportunities for staff, children and their families to influence positive change.

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).

This area for improvement was made on 8 October 2025.

Action taken since then

Self-evaluation, monitoring and auditing were at early stages with the new management and staff team. Staff should be supported to develop their knowledge and understanding of self-evaluation frameworks and tools to support the continuous improvement of the service and development of robust quality assurance systems.

We have continued this area for improvement at this inspection.

Previous area for improvement 2

To ensure that children are safe and receive consistently high-quality care, the provider should ensure that staff are deployed effectively.

This should include, but not be limited to;

- develop procedures to ensure staff know how many children are in the service at all times;
- ensure regular headcounts of children take place;
- ensure effective communication between staff to maintain safety of all.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My needs are met by the right number of people'. (HSCS 3.15).
'My care and support is consistent and stable because people work well together'.
(HSCS 3.19).

This area for improvement was made on 8 October 2025.

Action taken since then

The new staff team worked well together with effective communication, which ensured information was shared amongst them face to face and through the use of walkie talkies. Regular headcounts were undertaken and registers completed so that all staff knew how many children were present.

This area for improvement has been met.

Previous area for improvement 3

The provider should further develop children's personal plans and support staff to use this information effectively to meet children's health, welfare, and safety needs.

This includes, but is not limited to:

• identifying support strategies for individuals, including clear actions and timescales for review in partnership with families;
• developing chronologies to record significant events in children's lives and actions taken to support these;
• developing individual risk assessments, as required, to maintain children's safety and wellbeing.

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).

This area for improvement was made on 8 October 2025.

Action taken since then

The staff were getting to know children, their individual needs, interests and preferences. Some personal plans were still to be fully completed and chronologies to be put in place where needed. Management and staff were beginning to identify support strategies and work in partnership with families and school.

We have continued this area for improvement at this inspection.

Previous area for improvement 4

To ensure children's health care needs are supported safely and effectively, procedures for the management of medication should be reviewed.

This should include, but is not limited to;

• ensuring regular audits of both short- and long-term medication are completed and gather the required information, at least every three months;
• detailing signs and symptoms when medication may be required;
• completing accurate administration of medication forms to ensure a shared knowledge of how much medication has been given and when;
• ensuring administration of medication forms are signed by parents and carers as well as staff.

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).

This area for improvement was made on 8 October 2025.

Action taken since then

Medication storage was safe, with life-saving medication readily available. Management should ensure the necessary permissions and administration records are fully completed and accurate before medication is administered. Auditing systems should be further improved to ensure they are robust and help to keep children safe.

This area for improvement has been continued at this inspection.

Previous area for improvement 5

Snacks and mealtimes should be reviewed to provide children with nutritious and healthy food options. Effective infection prevention and control measures should be improved to minimise the risk of any spread of infection.

This should include, but is not limited to;

• following best practice guidance, 'Food Matters' and 'Healthy eating in schools: 2020,' to provide healthy meals and snacks;
• developing children's understanding about healthy eating;
• providing children with a plate to eat snacks and meals;
• ensuring tables are wiped clean before and after snacks and mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning'. (HSCS 1.33).

This area for improvement was made on 8 October 2025.

Action taken since then

The snack experience has improved since the last inspection. Snack options are healthier and in line with best practice guidance. Staff should continue to review snack and offer further opportunities for children's independence. They should also ensure further improvements are made to support safe eating practices, infection prevention and children's hydration.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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