Rural Rascals Out of School Care
Day Care of Children

Dunecht Primary School
Dunecht
Westhill
AB32 7BA

Telephone: 01330 860 243

Type of inspection:
Unannounced

Completed on:
23 April 2026

Service provided by:
Rural Rascals

Service provider number:
SP2012011928

Service no:
CS2012311308

About the service

Rural Rascals Out of School Care is registered to provide a care service for a maximum of 24 school-aged children at any one time. The service operates from Dunecht Primary School.

Children are cared for within the school hall and have direct access to the enclosed playground. The service is close to a park, green spaces, and other amenities.

About the inspection

This was an unannounced inspection which took place on 21 and 22 April 2026 between 15:00 and 17:45 and 23 April 2026 between 16:15 and 17:45. The inspection was carried out by one inspector 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:

- spent time with children using the service
- spoke with six of their parents/carers
- received two responses to our request for feedback from parents/carers through our online questionnaire
- spoke with the manager and staff
- assessed core assurances, including the physical environment
- observed practice and children's experiences
- 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'.

Key messages

- Children experienced kind and caring interactions from staff who knew them well.
- Children took part in purposeful play which reflected their interests.
- Children were relaxed and confident, benefitting from familiar routines that supported their wellbeing.
- Quality assurance processes should be developed and to improve outcomes for children.
- Free flow access to outdoors supported children's choice and wellbeing.

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's aims were shared with families to support them to know what to expect. The aims were reflected within daily practice and the ethos. We highlighted the benefits of reviewing the vision, values, and aims of the service in consultation with the children and families. This would ensure there is a clear, shared direction for the club that reflects their current aspirations.

Children's and families' views were beginning to support the development of the service. Staff were in the early stages of introducing new approaches to gathering children's views meaningfully. For example, children had completed a display board survey and a voting system was being developed to involve children in choosing next week's snack menu. The manager shared plans to further implement ways of involving children and their families. This included developing a parent/carer display board to provide feedback on club updates and experiences. This would support families to feel meaningfully involved in the development of the service.

Quality assurance processes were not yet effectively impacting on the quality of children's overall experiences and outcomes. A quality assurance calendar was in place and some actions within this had been completed, such as audits of accidents and incidents to identify any issues and regular team meetings. Staff valued these opportunities to reflect on the service's evolving needs and discuss ongoing developments. We discussed with the manager that a more formal approach to self evaluation should be embedded. We signposted them to the 'Quality improvement framework for the early learning and childcare sectors: school-age childcare' to support evaluating against best practice guidance. This could help the team to identify some next steps towards improving outcomes for children (see area for improvement 1).

A realistic and relevant improvement plan was in place, which contributed to the cycle of continuous improvement. Plans were broken down into achievable goals, which reflected most of the areas of development identified throughout the inspection. Staff had a shared understanding of the priorities and their role in working towards these. The service had not yet identified how the improvement priorities were impacting outcomes for children. We encouraged the manager to now take time to evaluate progress and reflect as a team on how children's experiences have benefitted from any developments.

A supportive induction process for new members of staff helped them grow in confidence and become competent in their role. Staff received an information pack which detailed key information about the service. Newly recruited staff spoke positively about their induction and having opportunities to get to know the children and routines. Staff were recruited safely with core training, such as child protection and first aid, being completed within induction periods. This supported children's safety through effective procedures. We discussed the benefits of embedding staff reviews to support in identifying further training needs relevant to their role. An area for improvement was made at the previous inspection and remains in place (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Areas for improvement

1. To support improved outcomes for children and families, the provider and manager should ensure effective quality assurance systems are embedded into practice.

This should include, but is not limited to:

a) Ensuring children and families are meaningfully involved and influence change within the setting.

b) Develop self evaluation approaches using best practice guidance.

c) Auditing systems are in place to ensure personal plans are regularly reviewed and updated.

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 systems' (HSCS 4.19).

Children play and learn 4 - Good

Quality indicator: Playing, 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 busy and engaged in play which reflected their interests. They shared that they enjoyed coming to the club and their favourite things to do were "play games together," "spend time with my friends doing fun things," and "going outside." Parents valued the range of experiences on offer with their comments including, "always a variety of activities for children to engage with" and "lots of crafts, games, outside activities."

Children's experiences promoted the development of their life skills. Staff had previously gathered children's feedback about what they would like to do at the club and these suggestions were taken forward. For example, children had suggested knitting and tissue paper crafts. These experiences and resources were available for children throughout the session and children shared examples of taking part in this. This meant that children's ideas were meaningfully used to inform planning approaches.

A child-centred approach to planning promoted children's individual interests. A balance of spontaneous and planned activities allowed children to have freedom over their learning. Families were welcomed at collection time and were able to spend time with their child, which supported them to be informed about children's experiences. There was further scope for children to be involved in evaluation of their play and learning. We suggested ways to encourage children to reflect on their experiences and achievements, such as using floor books, to help plan more opportunities they can enjoy.

Children were able to lead their own play and staff were responsive to their ideas. Children confidently approached staff and asked for resources, which staff supported them to access. For example, some children wanted to do dancing and movement, and staff supported this by making space and providing floor mats. Staff took a genuine interest in children's ideas, taking part in their play enthusiastically, where suitable. This supported children's interests and engagement with purposeful play.

Regular access to outdoors supported different types of play. Children had flexibility to choose where they played, across indoors and outdoors, for a majority of the session. A free flow approach meant that children could move freely between areas. Children spent time making and using hammocks from blankets and rope, as well as building models with a large construction kit. Children benefitted from using these open-ended materials and we encouraged the manager to continue to develop these to further support children's curiosity, creativity, and imagination.

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.

Positive and trusting relationships between children and staff had been established, which was evident though warm and consistent interactions. Staff knew children well, showed genuine interest in their wellbeing, and created opportunities for children to share their thoughts, particularly on arrival. Staff responded sensitively to children's emotions, giving them time to settle through calm, unhurried activities. Children described staff as "fun" and "kind," reflecting the established relationships. This supported children's emotional wellbeing, confidence, and sense of security.

Relationships between staff and families created a warm, welcoming ethos. Families were greeted positively and transitions were well managed, allowing children time to complete activities. Parents valued the opportunity to spend time in the setting and speak with staff, which supported open communication. This promoted a relaxed, inclusive environment for children and families.

Each child had a personal plan which supported staff to identify and meet their individual needs. Where children had additional support needs, plans outlined specific strategies for them and linked to children's wellbeing. Overall, personal plans contained key information, such as medical needs, preferences, and interests. However, most plans had not been reviewed within six months and needed updating to reflect children's evolving needs and interests. The service had identified this within their improvement priorities and had recently held a team meeting to discuss implementing a review system for personal plans. We discussed the importance of ensuring personal plans reflect the most up to date information (see area for improvement 1 under 'Leadership').

Children enjoyed relaxed and sociable snack times together with staff. This provided opportunities for meaningful conversation and promoted children's safety. Children had some opportunities to be independent through spreading and pouring their own snacks and drinks. We asked the manager to consider having fresh water available for children throughout the session to help them stay hydrated.

Embedded routines supported a predictable and well organised session. Children understood expectations, appeared confident seeking support, and engaged independently. Staff responded to children's ideas and incorporated them into daily planning and decision making where appropriate, demonstrating that children's views were valued and influenced practice.

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 children's health and wellbeing, the manager and staff team should review and improve risk assessing processes.

This should include, but not be limited to:

a) Robust benefit risk assessments undertaken to record all potential risks posed to children and the mitigations and measures they have put in place to keep children safe.

b) All staff are fully aware of risk assessments in place.

c) Staff and children are involved in risk assessing processes, where appropriate.

d) Auditing systems are in place to ensure risk assessing is regularly reviewed and updated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17).

This area for improvement was made on 9 November 2023.

Action taken since then

An operational risk assessment was in place to identify general measures to reduce risks. A new format had been created for individual activities which took into account benefits of experiences as well as risks and mitigations. The manager had been creating these and was aware of the need to regularly review them. We discussed involving children and staff in this process, where suitable, to support understanding of keeping themselves and others safe.

This area for improvement has been met.

Previous area for improvement 2

The manager should develop a more systematic support and supervision process. This should include, but is not limited to, a planned appraisal process with regular reviews. This will support staff to assess their progress, strengths, and identify training needs appropriate to their role.

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).

This area for improvement was made on 9 November 2023.

Action taken since then
This had been identified through the service's quality assurance calendar. However, had not yet been carried out. We discussed ways to introduce this in a manageable and meaningful way.

This area for improvement has not been met and will be continued.

Previous area for improvement 3

To promote children's independence and social skills, the manager and staff should improve snack time experiences. This should include, but is not limited to, children having opportunities to be involved in the preparation and be encouraged to be independent.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 9 November 2023.

Action taken since then
Children had opportunities to be independent through spreading and pouring to help prepare their snack. Staff sat with children at the table to promote a sociable and relaxed snack experience. Children shared that they enjoyed sitting and chatting with their friends and staff. The manager was in the process of developing a snack voting system where children could have input into the snack menu and had plans to introduce this to support children's involvement.

This area for improvement has been met.

Previous area for improvement 4

To support positive and improved outcomes for children and families, the manager should ensure effective quality assurance systems are embedded into practice.

This should include, but is not limited to:

a) Ensure children and families are meaningfully involved and influence change within the setting.

b) Ensure quality assurance, including self evaluation and improvement plans, lead to high quality care and support.

c) Implement robust quality assurance practices, including audits and staff supervisions.

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 systems' (HSCS 4.19).

This area for improvement was made on 30 April 2025.

Action taken since then
Some progress had been made to involve children in decision making. The manager had introduced some new approaches for gathering children's views, such as mind maps and a voting system. An accident/ incident audit had been implemented and supported staff to identify common themes and take action, where necessary.

Further work is needed to more formally involve parents and staff in evaluating the service and a more formal approach to self evaluation would support the service in evaluating against best practice guidance.

This area for improvement has not been met and has been rewritten to take account of progress under 'Leadership'.

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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