Hilltown Out of School Club
Day Care of Children

Coldside Community Campus
15 Alexander Street
Dundee
DD3 7DL

Telephone: 07769 771 460

Type of inspection:
Unannounced

Completed on:
3 September 2026

Service provided by:
Hilltown Out of School Club a Scottish Charitable Incorporated Organisation

Service provider number:
SP2015012557

Service no:
CS2015340055

About the service

Hilltown Out of School Club is registered to provide a care service to a maximum of 40 children at any one time from age 4 to 16 years. There are currently 50 children registered with the out of school club.

The club operates from Coldside Community Campus Dundee, a purpose-built school campus. Children have access to various areas within the premises, including the dining hall, gym hall and playground under staff supervision.

About the inspection

This was an unannounced inspection which took place on Tuesday 1 September 2026 between 15:30 and 18:00 and Wednesday 2 September 2026 between 15:15 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 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 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with four parent/carers and received electronic feedback from six parents/carers and six staff.

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 appeared happy and were having fun with friends.
- Children benefitted from regular access to outdoors which supported their health and wellbeing.
- Families felt welcomed and included in their child's care at the club.
- Staff should develop their interactions and engagement with children to support improved outcomes.
- Further development of self-evaluation and quality assurance systems would strengthen 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	3 - Satisfactory / Adequate
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.

Families talked positively of the service and the support they received from management and staff. They were informed of the service's aims and objectives when they began using the service. The service had reviewed its vision prior to the previous inspection, which demonstrated a commitment to reflecting current priorities. We discussed ensuring children and families were involved in future reviews as this would reflect and support the experiences and expectations of those using the service.

The service had a quality assurance calendar in place which had been developed to identify tasks and timescales. This supported the manager to complete required actions and maintain an overview of key responsibilities.

Self-evaluation processes were developing. The manager and staff team used a variety of formal and informal approaches, including team discussions, diary entries, reflective practice, audits and ongoing dialogue. An improvement plan was in place with identified priorities to support the service's development. These approaches demonstrated a willingness to improve and helped staff reflect on practice. However, self-evaluation and quality assurance systems were not yet sufficiently robust or embedded into practice. Monitoring of all areas of the service, including the environment and staff practice, needed further development to evidence sustained improvement. Continued development, implementation and review were needed to ensure improvements were maintained over time. An area for improvement was made at the previous inspection and has not been met.
See 'What the service has done to meet any areas for improvement we made at, or since the last inspection'.

Management encouraged an open and supportive culture. Staff told us they could approach the manager for guidance and support, and regular supervision meetings to discuss wellbeing were taking place. Staff members had opportunities to take responsibility for specific areas of leadership within the service. This helped develop their skills and knowledge. Management should further develop supervisions to ensure effective staff practice and performance, guidance is provided and professional development is supported.

Policies and procedures required further review to ensure they reflected current legislation, best practice guidance and the needs of the service. Up-to-date policies would provide staff with clear expectations and consistent guidance, supporting safer and higher-quality care for children and families.

Recruitment processes were in line with safer staffing guidance, which helped ensure children were supported by suitable staff. Newly recruited staff received an induction when taking up post. The National Induction Resource may further support the manager and staff to strengthen the induction process and help staff gain the knowledge and skills required for their roles.

Children play and learn 3 - Satisfactory / Adequate

Quality Indicator: Play learning and developing

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

Children appeared to enjoy their time at the service and were engaged in a range of experiences that reflected their interests. During outdoor play, children independently selected resources from the storage cupboard and played with friends in small groups. Resources such as den-building materials, scooters and footballs encouraged active play, cooperation and creativity. Indoors, children participated in art and craft activities, painted, made models with cardboard boxes and created dens using chairs, blankets and mats. Later, children accessed physical play opportunities in the gym hall. The varied experiences supported children to have fun, develop creativity and practise physical and problem-solving skills. Children also developed independence and fine motor skills when using tools such as scissors.

Staff interactions with children were varied. At times, staff were responsive and available; however, we observed missed opportunities to engage meaningfully with children and extend their play and learning. Staff did not consistently use open-ended questions or discussions to build on children's ideas, curiosity and to scaffold play and learning. This was an area for improvement from the last inspection which has not been sufficiently addressed so is continued at this inspection.
See 'What the service has done to meet any areas for improvement we made at, or since the last inspection'.

Management should support development of staff practice to ensure interactions are consistently warm and engaging. Staff should be mindful of their tone of voice, actively participate in children's play when appropriate and use questioning and discussion to support children's thinking, play and learning.

Children benefited from access to both indoor and outdoor play environments; however, the service had not fully considered how all children's individual needs were met throughout the sessions. During one session, we observed a child requesting to go indoors on more than one occasion, but this was not facilitated. This limited the child's ability to make choices about where they wished to play and affected their experience. Management and staff should continue to develop systems that ensure children's preferences and changing needs are responded to. We discussed reviewing communication methods to support smooth transitions and ensure children can access different areas when required.

The environment offered children opportunities for choice and self-directed play; however, the availability of resources reduced later in the afternoon when children were indoors. Staff should ensure that all children's interests continue to be met at this time. Management and staff recognised that some children would benefit from access to quieter spaces for regulation and relaxation. Steps had been taken with the introduction of a pop-up tent and plans to provide an additional teepee. These developments would help children access spaces that supported their emotional wellbeing and self-regulation.

Staff deployment generally supported children to access outdoor spaces safely. We saw that supervision was not consistently effective as two children lay on the grass while a staff member sat with their back to them and did not check on them. Some areas of the playground were obscured by the bike shed which meant that staff did not always have full view of the outdoor space and the children. This could impact children's safety and wellbeing. Management should review supervision arrangements to ensure children remain visible and appropriately monitored.

Planning was informal and incorporated both child-led and adult-initiated experiences. This supported most children's interests and contributed to their enjoyment and fun. A couple of the children on the

second afternoon, flitted around later in the afternoon as they lost interest with the activities on offer. Staff should ensure a variety of resources are available to help maintain children's engagement and meet individual needs and interests throughout the sessions.

The display board in the hall contained information about the resources available for the children to choose and staff had introduced a floor book to display the activities and experiences children had been involved in. This could be further developed with more opportunities for the children to add their voice, which would enhance participation and show children they are valued.

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.

Children had developed friendships and positive relationships with their peers. We observed children playing together in small groups indoors and outdoors, chatting confidently and enjoying each other's company. This supported children's sense of belonging, inclusion and emotional wellbeing. A child told us, "I like going to the after-school club because It's fun and I get to play with everyone".

Children's health needs were supported through safe medication systems and practices. Medication was stored and administered appropriately, and records had been updated to include detailed information about signs, symptoms and the action staff should take if medication was not effective. This helped to ensure children received safe, responsive care that met their individual health needs.

The service had made improvements to personal planning. Personal plan templates had been developed further to gather meaningful information about children's individual needs, strengths and preferences. These included strategies to support children and "all about me" booklets. Chronologies were in place to record significant life events, helping staff develop a better understanding of children's experiences. Staff told us they reviewed personal plans after the school holidays to support children as they returned to the club. The introduction of keyworkers promoted continuity and helped staff build meaningful relationships with children and families. To strengthen personal planning further, children's start dates should be clearly recorded within personal plans to support timely reviews within regulatory timescales.

Snack time was a positive and sociable experience where children gathered with friends and enjoyed nutritious choices, including fruit. Staff encouraged independence by supporting children to select snacks and butter their own crackers. This helped children develop confidence and self-help skills. Further opportunities for independence could be encouraged with children selecting their fruit from the snack boxes that are provided later in the session.

Staff communicated with families through daily conversations at collection time, and with newsletters. Parents and carers were welcomed into the playground or hall when collecting their children and most received brief updates about their child's afternoon. Parents told us they had positive relationships with the service and felt well informed. This supported effective partnerships with families and helped ensure children's care and support were consistent between home and the club.

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 within the service, the provider should enhance the approaches to self-evaluation and develop robust quality assurance processes.

This should include, but is not limited to:
a) staff developing an understanding of frameworks, tools and best practice guidance;
b) developing self-evaluation processes.

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 22 January 2026.

Action taken since then
Management and staff were developing their understanding of self-evaluation tools to develop processes to support their quality assurance systems. Further development of self-evaluation was needed to inform improvements and become embedded within practice.

This area for improvement is continued at this inspection.

Previous area for improvement 2

To support high quality play, learning and outcomes for children, the provider should ensure staff develop their skills and confidence in interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'People have time to support and care for me and to speak with me'. (HSCS 3.16).

This area for improvement was made on 22 January 2026.

Action taken since then
Staff should further develop their interactions and engagement with the children to support high quality outcomes, play and learning.

This area for improvement is continued at this inspection.

Previous area for improvement 3

To ensure children's health and wellbeing needs are supported, the provider should review their recording of medication. This should include, but is not limited to, capturing signs, symptoms and steps to follow should medication not be effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21).

This area for improvement was made on 22 January 2026.

Action taken since then

Medication records had been reviewed and the recording format updated to ensure detailed information was recorded regarding signs, symptoms and further steps needed should medication not be effective. This information was reviewed every 3 months as advised in best practice guidance. Children's health and wellbeing were supported and staff ensured safe medication management.

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	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

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