Cornton Out of School Care
Day Care of Children

Cornton Primary School
Stirling
FK9 5DZ

Telephone: 07527096429

Type of inspection:
Unannounced

Completed on:
24 June 2026

Service provided by:
Cornton Out of School Care a Scottish Charitable Incorporated Organisation

Service provider number:
SP2019013335

Service no:
CS2019376102

About the service

Cornton Out of School Care is registered to provide a care service to a maximum of 24 children at any one time, age from 4 to 12 years.

The service is delivered from Cornton Primary School, Stirling. Children have access to a large hall, toilets and direct access to an enclosed playground. The service is situated close to shops, parks, transport links and other amenities.

About the inspection

This was an unannounced inspection which took place on Wednesday 17 June 2026, between 15:15 and 18:00. We continued the inspection on Thursday 18 June 2026, between 08:15 and 09:00 and then between 15:00 and 17:45. One inspector carried out the inspection 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 since the last inspection.

To inform our evaluation we:

- spent time with children using the service
- spoke with one parent
- received four completed online questionnaires from families and one from staff
- spoke with staff, the manager and two trustee members
- assessed core assurances, including the physical environment
- observed practice and children's experience
- 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 and Nurturing care and support.

Key messages

- Relationships between staff and children were positive and helped children to feel comfortable in the club.
- Children experienced child-led play and learning in an environment where resources and toys were accessible.
- The board of parent trustees worked closely with staff to help progress areas that needed improvement.
- Personal plans should be developed to record achievable goals and strategies of support for children, linking with observations, planning and evaluation of children's experiences.
- Areas identified as needing further improvement included, staff recruitment, induction and training, management of medication and 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	2 - Weak
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 2 - Weak

Quality Indicator: Leadership and management of staff and resources

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

The service displayed values that staff reflected in their practice, including promoting fun. For example, children enthusiastically made and played with cloud dough, which supported creativity, exploration, and enjoyment. Staff explained how they encouraged children to consider the service's values during play and interactions. They consistently promoted the values of respect and responsibility. Staff encouraged children to be kind and considerate towards others and to use play resources appropriately. As a result, children developed positive relationships and an awareness of their responsibilities within the group.

While leaders had improved self-evaluation processes, gaps remained in areas that could have been addressed through effective quality assurance systems. For example, monitoring of medication procedures was not fully in line with legislation and safer recruitment practices had not been consistently followed. Leaders should improve monitoring, self-evaluation and improvement planning processes. There was a need to establish robust systems to monitor and evaluate in order to help maintain and improve standards across the service. They should also evaluate the impact of improvement actions to ensure they lead to positive outcomes for children. This would support continuous improvement and help maintain good standards of care and support. As processes develop, leaders should ensure that staff, children and families actively contribute to evaluating and improving the service. Increasing opportunities for meaningful participation and using feedback to drive improvement would help ensure service developments reflect the needs and experiences of children and families **(see area for improvement 1).**

At the previous inspection, we made a requirement that the provider must ensure that staff are safely recruited. However, despite introducing improved procedures, not all safety checks had been carried out before new staff commenced their role. These checks are important to ensure children's safety and wellbeing. A previous requirement was made at the last inspection and will continue **(see 'What the service has done to meet any areas requirements we made at, or since, the last inspection').**

Leaders had not established a formal, structured induction process to support staff through a planned and ongoing induction programme. They should provide regular induction meetings and mentoring opportunities to enable new team members to reflect meaningfully on their role and responsibilities. Clearly documenting the induction process would help staff identify, action, and review their development needs. This would also provide an oversight of staff progress and help ensure a consistent approach to induction. The Early Learning and Childcare: National Induction Resource (Scottish Government, 2026) should support the development and implementation of a meaningful induction process. A previous area for improvement was made at the last inspection and will continue **(see area for improvement 2 under, What the service has done to meet any areas for improvement we made at or since the last inspection).**

Areas for improvement

1. To support continuous improvement in outcomes for children, the provider should build on the quality assurance systems in place to ensure they are robust and effective to drive forward improvement.

This should include, but is not limited to, developing auditing, monitoring, self-evaluation and improvement planning processes which should meaningfully involve staff, children and families.

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 play and learn 3 - Satisfactory / Adequate

Quality Indicator: Play, learning and development

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

Children experienced child-led play and learning in an environment where resources and toys were accessible. This supported them to make choices and take part in play activities independently. Children were comfortable within the play spaces and engaged in activities that interested them. Access to outdoor play provided opportunities for physical activity. Children told us they enjoyed attending the club and one child said "I like it because we get to play football." Staff should consult with children to develop and extend the range of resources and activities available to them. This would help children to maintain interest and support ongoing engagement and learning.

Staff were observed interacting with children and supporting their play. Relationships between staff and children were positive and helped children to feel comfortable in the club. These interactions supported children's participation in activities and contributed to their enjoyment of the service. Improving the quality and consistency of staff interactions could support better experiences for children through their engagement in play and learning. For example, they could use more open-ended questions and conversations to encourage children's thinking, curiosity and problem-solving skills.

We observed some missed opportunities where staff could have provided additional support to children. For example, when children needed help managing their emotions or were not fully engaged in play, there were opportunities for staff to encourage their involvement and participation. Leaders could support staff to develop their confidence and skills in responding to individual children's needs. This would help promote inclusion and support children to have positive and meaningful play experiences.

Staff had introduced a weekly planner, as recommended at the previous inspection, and used it to record planned activities for the week. Staff took turns leading activities, providing children with a range of play experiences. Children's views were gathered through conversations and used to help inform future activities. Staff could further develop planning by considering how activities support children's developing skills and build on their interests. Greater use could also be made of information from children's personal plans, including strategies to support children who may need additional help to take part in play. Staff could further develop the evaluation of planned activities by reflecting on what worked well and how children responded. This would help to inform future planning and ensure activities continue to reflect children's ideas and preferences. This would also help to make sure that children experience play opportunities that are relevant, meaningful and responsive to their interests and needs.

An online parents' chat group was used to share information with families about children's experiences and attendance. Staff could further improve communication by providing more regular updates about what children have been doing, for example through a weekly summary of activities and experiences.

A floor book was regularly updated to record children's play experiences during their time in the service. Displaying the floor book for children and families to look at together would provide opportunities to share and celebrate children's experiences and achievements.

Staff should create opportunities for children to share their ideas and views. This could include encouraging children to add their ideas to the floor book and documenting children's views when evaluating planned activities. This would help to ensure that children have a say in the activities and experiences offered and support a more child-centred approach.

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.

Staff interacted with children in a kind and caring way. They built positive relationships and knew children well. Staff responded to children's requests and joined in their play. This helped children feel secure, valued, and supported.

Snack time was a sociable experience, children chatted with their friends and with staff, who sat with them while they ate. Children developed independence by pouring their own drinks and serving food. At breakfast club, children chose whether or not to have breakfast. Staff could strengthen this by checking with parents if children had already eaten. This would help prevent children from starting the school day hungry. Staff should also provide water so children begin the day well hydrated.

The personal planning approach had improved since the last inspection. All children had a personal plan which was reviewed with families at least every six months. Keyworkers gathered information from children and families about children's strengths, interests, and needs. A parent said "I am asked to update my child's plan regularly, if anything does change regarding my children's needs then the manager is easy to contact and responds quickly." Children also shared their views through their 'Cornton Passport'. As a result, staff had access to better information to support children's wellbeing, care and development.

Staff should be supported to use information gathered in personal plans to meet children's needs. For example, support plans should be introduced for children who would benefit from extra support. Some parents had already shared information about their child's needs and how best to support them within the personal plans. Staff should use this information, along with their observations and in consultation with parents, identify targets and agree support strategies. Support plans should clearly set out actions and intended outcomes. For example, they may include strategies to support communication, emotional wellbeing, or social development. Staff should regularly review progress with families and update plans when needed. This would help children receive consistent support and achieve positive outcomes. A previous area for improvement was made at the last inspection and will continue **(see area for improvement 3 under, What the service has done to meet any areas for improvement we made at or since the last inspection).**

Medication systems had improved since the last inspection. Staff now had access to the required consent records. Staff told us that children now brought emergency medication to the service with them.

However, no children who required medication which were left on the premises were accessing the service at the time of the inspection. As a result, we could not check medication or storage arrangements.

Staff should store long-term medication in line with best practice guidance. They should keep medication in a clearly labelled container with the child's photograph and consent form. Staff should store medication where adults can access it quickly in an emergency while keeping it out of children's reach. Leaders should also strengthen medication review procedures. They should review long-term medication with parents at least every three months and should record the outcome of these reviews. Staff should check that medication is in date and confirm that the child's health needs, medication and dosage have not changed. This would help ensure children's health needs are met safely and consistently. A previous area for improvement was made at the last inspection and will continue **(see area for improvement 4 under, What the service has done to meet any areas for improvement we made at or since the last inspection).**

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 6 April 2026, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance. This is to ensure the service operates in line with regulatory requirements, best practice guidance and reduces any potential hazards to children.

To do this, the provider must, at a minimum:

a) create a structured quality assurance system to ensure essential checks are carried out across the service;
b) update policies and procedures in line with current best practice and ensure these are followed;
c) develop staff's skills, knowledge and awareness of potential hazards across the service; and
d) establish clear roles and responsibilities for trustees and staff to better support service delivery.

This is in order to comply with Regulation 4 (1)(a) (Welfare of users) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19);
'My environment is secure and safe.' (HSCS 5.17)
and
'I use a service and organisation that are well led and managed.' (HSCS 4.23).

This requirement was made on 22 January 2026.

Action taken on previous requirement

Leaders had begun to develop self-evaluation processes. They had introduced an improvement plan and made progress in addressing some areas identified at the last inspection. For example, they reviewed and updated policies, procedures and risk assessments.

They had also introduced daily safety checklists to address previously identified risks and allocated specific roles to staff to support effective service delivery. As a result, these improvements reduced potential hazards for children within the setting.

Met - within timescales

Requirement 2

By 6 April 2026, the provider must ensure children's health, wellbeing and safety is supported through following best practice guidance and legislation.

To do this, the provider must, at a minimum:

a) ensure staff register and maintain their registration with SSSC; and
b) revisit current staff information and confirm all staff have been recruited in line with 'Safer Recruitment Through Better Recruitment' guidance.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 3 Principles of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I am confident that people who support me have been appropriately and safely recruited.' (HSCS 4.24); and
'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 requirement was made on 22 January 2026.

Action taken on previous requirement

Leaders now had effective systems in place to ensure that staff register and maintain their registration with the Scottish Social Services Council (SSSC).

Despite introducing improved recruitment policy and procedures. Staff had recently been allowed to commence employment before completing all recruitment checks. This was not in line with legislation, which requires all necessary recruitment checks to be completed before staff commence employment. These checks help ensure that individuals who may be unsuitable to work in a care service are not employed.

As a result of our findings, we instructed the provider to implement a risk assessment. This helped ensure children's safety and wellbeing until the end of term, when the service closed for the summer break. Trustees began taking steps to address this matter by the end of the inspection.

Not met

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 ensure an ethos of continuous improvement and a steady pace of change, the committee, staff and families should now work in true partnership to reflect on what is going well and how they will identify future developments to improve outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 25 November 2024.

Action taken since then

Children were consulted informally about the experiences available to them and the activities they would like to participate in next. Staff also engaged in informal conversations with families and shared updates through online platforms. These interactions supported positive relationships and helped keep families informed about children's experiences. However, information gathered through these discussions was not yet being used effectively to inform self-evaluation, quality assurance activities, or improvement planning.

Staff should take a more active role in self-evaluation processes. We signposted to the Care Inspectorate's website where they can access best practice guidance, practice notes and webinars to support the development of a self-evaluation process.

Leaders should create more opportunities for staff, children, and families to evaluate the service and share their views. This feedback should be used to inform self-evaluation and drive continuous improvement.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under Quality Indicator: Leadership and management of staff and resources.

Previous area for improvement 2

To support children to receive positive learning and development experiences, the provider should ensure staff access training that is appropriate to their role, and new staff are supported using the principles set within 'early learning and childcare: national induction resource'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14).

This area for improvement was made on 22 January 2026.

Action taken since then

An induction checklist had been introduced; however, induction arrangements for newly recruited staff remained basic.

While staff accessed some training opportunities, no staff had completed first aid training. This potentially limited their ability to respond quickly, effectively, and confidently when children required first aid.

This area for improvement is not met and will be continued.

Previous area for improvement 3

The provider should ensure personal plans are used effectively to meet children's health and wellbeing needs.

This includes, but is not limited to:

a) staff using the information to effectively meet children's needs;
b) personal plans being reviewed and updated in partnership with families,
c) strategies to support children are recorded in plans; and
d) chronologies to record significant events are in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 is to ensure care and support is consistent with the Care Inspectorate document 'Guide for providers on personal planning' and 'Practice guide to Chronologies'.

This area for improvement was made on 22 January 2026.

Action taken since then

Personal plans had improved. Leaders ensured every child had a personal plan. Keyworkers now reviewed plans with families at least every six months and completed a detailed overview record to keep information accurate and up to date.

Chronologies to record significant events in children and families lives were now in place to be used when required.

Staff were not using the information to effectively meet children's needs. Support plans were not in place which meant there were no planned support strategies in place.

This area for improvement is not met and will be continued.

Previous area for improvement 4

To ensure children's health and wellbeing needs are met, the provider should develop medication systems and procedures.

This includes, but is not limited to:

a) ensuring all staff have an awareness of children's medical needs and medication consent forms and information is in place to manage medication;
b) medication practice and procedures are reviewed and reflect 'Management of medication in daycare of children and childminding services' guidance and legislation; and
c) regular reviews of medication are complete and carried out at least every three months.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This is to ensure care and support is consistent with the Care Inspectorate document 'Management of medication in daycare of children and childminding services - December 2024'.

This area for improvement was made on 22 January 2026.

Action taken since then

There were some improvements to medication systems and procedures. Staff were aware of children's medical needs, medication consent forms and information was in place to manage medication.

However medication practice and procedures were not fully in line with 'Management of medication in daycare of children and childminding services' guidance and legislation. Reviews of medication were not complete and were not carried out at least every three months.

This area for improvement is not met and will be continued.

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	2 - Weak
Leadership and management of staff and resources	2 - Weak

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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