Mountfleurie Out of School Club
Day Care of Children

Mountfleurie School
Christie Avenue
Leven
KY8 4AZ

Telephone: 07515189482

Type of inspection:
Unannounced

Completed on:
26 June 2026

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2025000117

About the service

Mountfleurie Out of School Club is registered to provide a daycare of children service. Care can be provided to a maximum of 40 children of primary school age. The manager for the service is also manager of Capshard Out of School Club, Kennoway Out of School Club and Parkhill Out of School Club.

The service is provided from Mountfleurie Primary School in Leven, Fife. Children have access to the gym hall, the nurture room and the school dining hall. Children also have access to toilet facilities and an outdoor area within the school playground. During school holidays and when Mountfleurie Primary School is not available, the service may be provided from the gym hall of St Agatha's RC Primary School.

About the inspection

This was an unannounced inspection which took place on 24 and 25 June 2026. The inspection was carried out by one inspector from the Care Inspectorate. At the time of the inspection 36 children were registered with the service.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spent time with children using the service
- received feedback from 13 families through an online survey
- spoke with one family during our visit
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

As part of this inspection, we assessed 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 and families were consulted through a range of approaches. This helped them to influence some developments within the service.
- Quality assurance processes were mostly effective and had led to some positive changes for children. New approaches, including practice monitoring, were being introduced to support improvement.
- Improvement priorities had not yet consistently resulted in positive outcomes for children. Leaders should strengthen monitoring and evaluation to measure the impact of change.
- The environment did not consistently provide rich, stimulating or inviting play experiences. Resources and play spaces should be further developed to promote engagement and support high-quality play.
- Children experienced varying levels of engagement. While some led their own play confidently, others would have benefitted from greater staff support to enhance their experiences and sustain involvement.
- Children benefitted from warm and caring relationships with staff. Positive interactions helped children feel secure, settled and confident to express their needs.
- Families experienced positive relationships with staff. They were welcomed in to the service and felt informed and involved in their child's care.

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 thrive and develop in quality spaces	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.

The vision, values and aims of the service did not fully reflect the current ethos, practice and aspirations for children. These had been developed as part of the registration of the service. The development of a refreshed vision, values and aims had been identified as an improvement priority, with plans to involve children, families and staff in their creation. This would support them to be meaningful, reflect shared aspirations, and provide clearer direction for practice.

The service gathered feedback from families through questionnaires, supporting them to share their views and suggestions. Children's voices were captured through mind maps and floor books. This allowed them to express their ideas, preferences and interests in meaningful ways. Approaches supported children and families to influence some of the developments within the setting. To strengthen consultation the service could explore how children and families can be more actively involved in shaping and influencing improvement priorities. This would help to ensure developments reflected their views and experiences.

Mostly effective quality assurance processes promoted the quality of children's care and ensured their safety was prioritised. The service was beginning to strengthen its approach to some aspects of quality assurance such as introducing practice monitoring. These processes informed key areas for improvement in the service. This had resulted in some positive changes for children.

However, some improvement priorities had not yet led to consistently positive outcomes for children. The service should monitor the progress and impact of change priorities to ensure that they lead to meaningful and sustained improvements in children's experiences. Developing staff skills and involvement in self-evaluation would strengthen shared leadership across the service. This would build a more consistent understanding of high-quality practice and increase the service's capacity to drive and sustain improvement (see area for improvement one).

Newer staff members were supported to develop their understanding of the service and reflect on their practice through the use of an induction resource. This provided staff with clear operational guidance and key procedures. Opportunities for reflection allowed staff to identify their progress and areas where they would benefit from further support. Regular support and supervision meetings between staff and leaders encouraged professional dialogue and enabled tailored guidance to meet individual development needs.

Areas for improvement

1. To improve outcomes for children, the provider should strengthen self-evaluation and quality assurance processes to ensure improvement priorities lead to meaningful and sustained improvements in children's experiences and wellbeing.

This should include, but not be limited to, monitoring the progress and impact of improvement activity, involving staff in self-evaluation, and using findings to inform ongoing service development and identify where further support or change is needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Children thrive and develop in quality spaces — 3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces

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

Children experienced a well-maintained and clean environment. Maintenance issues identified by staff were reported and addressed promptly. Effective infection prevention and control measures ensured that the risk of infection was minimised. This included consistent handwashing routines and cleaning measures which helped to promote a hygienic environment for children.

Children's safety was promoted through routine checks carried out by staff to support ongoing risk assessment of the environment and children's experiences. A fob entry system was used to control access to the club, allowing only authorised individuals to enter. The outdoor area was enclosed with secure boundary fencing, and staff provided supervision to children playing outdoors. This helped to keep children safe and promoted their wellbeing.

Staff positioning outdoors was not always effective in supporting oversight of children. This had the potential to limit monitoring of children's safety and responding to their needs. We shared this with the service who agreed and took action to ensure effective the deployment of staff. The service should continue to review staff deployment and positioning to ensure children are consistently supervised.

The introduction of 'Simoa the Elephant' supported children to engage with risk in a meaningful and developmentally appropriate way. Simoa was used during outings and when exploring spaces with children, helping them to consider safety in different environments. This initiative was further extended by allowing Simoa to go home with children, encouraging them to share and reflect on their home experiences. This supported children to develop their understanding of risk and how to keep themselves safe.

The environment did not provide rich, stimulating or inviting experiences for children, and lacked warmth, care and thoughtful presentation. For example, minimal resources were available for children to explore and play spaces were underdeveloped and provided a limited range of experiences. The service should develop a range of play experiences for children which are meaningful, stimulating and readily available. This would promote sustained engagement in play (see area for improvement one).

Displays within the environment provided some recognition of children and shared information with families. These included examples of children's artwork, photographs and details about daily routines. This helped children see some of their experiences reflected in the setting and supported families to stay informed. Displays did not consistently contribute to an environment that promoted a sense of belonging. We encouraged the service to give further consideration to creating a more welcoming and nurturing environment which supports children to feel valued and included.

Children's information was stored securely, supporting confidentiality and safe information management. Children's records were maintained both within a locked filing cabinet and electronically, ensuring sensitive information was handled appropriately and in line with good practice. Confidentiality was upheld and children's personal information was protected, contributing to safe and well managed record keeping within the service.

Areas for improvement

1. To support children's play, development and wellbeing, the provider should improve the quality of the play environment to ensure children can access a wider range of rich, stimulating and meaningful play experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

Children play and learn — 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children experienced varying levels of engagement. While some were actively involved in leading their own play, others were less engaged and would have benefitted from staff support to provide richer experiences. Staff took time to talk with children and, on occasion, joined in their play. Some interactions supported children's interests and encouraged thinking. However, practice was not consistent across the staff team, and opportunities to extend play and sustain children's engagement were missed. As a result, children did not always benefit from rich, high-quality interactions that enhanced their play, learning and involvement (see area for improvement one).

Children were supported to make choices about their play and experiences through the use of PECS symbols. Mind maps and floor books were used to gather children's ideas for play experiences, demonstrating that their views were listened to. Staff responded to some of these ideas by planning activities linked to these interests, supporting children's involvement in planning their play.

Children's interests were supported through the use of 'now and next' approaches. This allowed children to identify a skill or area of learning they wished to develop. This supported children to consider meaningful next steps in their development and explore areas of personal interest. Some interests had been used to inform planning for experiences, demonstrating that staff were beginning to respond to children's preferences and ideas. This helped to personalise play opportunities and support children's ongoing development.

Areas for improvement

1. To improve outcomes for children, the provider should strengthen staff practice to ensure all children benefit from consistently high-quality interactions that support their play, development and engagement in experiences.

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

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 experienced a welcoming start to their time in the service. Staff greeted children warmly on arrival, creating a positive atmosphere. Interactions between staff and children were warm and caring. Positive relationships and caring interactions supported children to feel secure and settled. Children were confident to communicate their needs, highlighting trusting relationships with staff. This contributed to their overall wellbeing and sense of belonging.

Staff demonstrated a good awareness of children's individual circumstances, including their health needs. Sensitive information about children's personal situations were understood by staff and recorded appropriately. This helped to ensure that support was responsive to individual needs. Clear procedures were in place to support children's health needs effectively and ensure their safety and wellbeing were maintained.

Clear safeguarding procedures were in place, and staff demonstrated confidence in recognising potential child protection concerns. Staff were clear about their roles and responsibilities in responding to concerns appropriately. As a result, children were supported to be safe, with staff able to act promptly and effectively to protect their wellbeing.

Overall, children experienced positive snack times that supported choice and independence. Some children were involved in preparing snacks and staff used these opportunities to promote discussion about healthy food choices. Increasing the availability of food preparation resources would support greater inclusion and provide more opportunities for all children to develop skills. Children self-served snack and sat together, creating a shared experience. Staff joined children at the table and, at times, ate alongside them. This helped to model positive interactions and healthy eating habits. We discussed the importance of ensuring this approach is consistently embedded across the staff team. Children also had access to fresh drinking water throughout the session, supporting their health and wellbeing.

Personal plans contained meaningful information about children's interests, preferences and wellbeing needs. Developed in partnership with families, they reflected children's individual circumstances and experiences. To further strengthen personal planning, staff could include how children's needs will be supported. This would ensure that all staff have a shared understanding of how best to support each child, leading to more consistent and positive outcomes.

Families were welcomed into the service at collection time and appeared relaxed and comfortable. Staff engaged in friendly conversations with families, creating opportunities to share information and build connections. This supported families to feel valued, build trust and strengthened partnership working.

Feedback we received from families was positive. One family shared, "The staff are all very helpful, welcoming and approachable. They keep me informed on how the session has gone and provide fun activities for the kids". Another told us, "They are always so friendly and accommodating. My child is always welcomed in on their arrival. They always give me a handover on pick up. I feel confident and comfortable leaving my child in their care". These showed parents had developed positive relationships with staff and that they were satisfied with the care their child received.

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

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Leadership and management of staff and resources	3 - Satisfactory / Adequate

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Children experience high quality spaces	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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