

# Wardie After School Club Day Care of Children

Wardie Primary School  
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**Type of inspection:**  
Unannounced

**Completed on:**  
5 September 2024

**Service provided by:**  
Wardie After School Club

**Service provider number:**  
SP2003002909

**Service no:**  
CS2003012007

## About the service

Wardie after school club runs from the dining hall in Wardie Primary School in the Trinity area of Edinburgh. The club also has access to the school gym hall, library, playground and playing fields. The club is walking distance to local shops, parks, resources and good transport links to the rest of the city. The service is registered to provide a care service to a maximum of 50 children at any one time of primary school age. The service is registered to care for a small number of pre-school children during the school holidays periods just before they start school as part of their transition to school aged childcare.

## About the inspection

This was an unannounced inspection which took place on Tuesday 27, Wednesday 28 and Thursday 29 August 2024 between 14:15 and 18:00. 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:

- spoke with 12 children using the service and six of their families
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

We gave feedback to the committee and manager on Thursday 29 August and confirmed the evaluations on 5 September once additional information was submitted.

## Key messages

- Children were having fun at the service, playing with friends and chatting with staff.
- Parents were generally happy with the care provided.
- Children's personal planning should be further developed to help them engage and achieve at the service.
- The provider should ensure that quality assurance systems are developed to support improvement in the service.
- The provider and manager should develop their understanding of their regulatory responsibilities to ensure the smooth running of the service in line with legislation and current best practice guidance.

## 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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

## 3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall grade of adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 1.1- Nurturing care and support.

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Most children were happy and confident in the space, enjoying free flow play between indoors and outdoors. The children could choose to play in small groups or by themselves with a range of resources set out by staff. Staff were kind and caring in their interactions supporting the children to feel safe. Children were supported by staff using techniques like distraction to cope with emotions around when they would be collected by families. Staff could continue to build on these interactions supporting children to identify emotions and develop strategies to build resilience.

Children told us they enjoyed attending the club and that they had lots of fun and friends. Children were encouraged to spend time outdoors being active each day helping them to develop healthy habits.

Children told us they enjoyed the snacks provided at the club, which included fruit and healthy snack choices. These were provided as soon as children arrived at the club. Children helped themselves to food from the platters on the table. To stay hydrated children brought their own water bottles and were encouraged to fill these from the water fountain. Staff should continue to develop how they provide snacks and meals in line with current best practice guidance. For example, providing plates for children and finding ways to include children in the preparation of snacks. The playroom was very busy and noisy during snack times. The noise impacted on the quality of the mealtime experience. More work was needed to ensure that these were positive calm social experiences (see area for improvement 1).

The majority of parents told us they were happy with the care provided and that their children enjoyed their time at the service. A few parents highlighted that there were only sometimes enough staff to meet children's needs. During the inspection we saw that ratios were met, however, there were times when staff were stretched and could not meet all of the children's needs. Some children did not join in play during the session. There were missed opportunities to support these individuals to engage in the play opportunities and build relationships in the service (see area for improvement 2).

Half of the families who responded to our survey told us that they did not feel involved in developing their child's person plan. One third told us they were 'rarely' invited in to discuss their child's learning and development. We reviewed the children's personal plans and found that all children had registration sheets which gathered key information to keep children safe. A few children had additional 'all about me' information in their files. One child who had additional support needs had strategies to meet their identified needs. However, these had not been reviewed to ensure that they were effective in supporting the child's progress. Personal plans should be reviewed and developed to ensure that they identify individual needs for all children and develop strategies to support all children to achieve in line with legislative requirements and best practice guidance (see area for improvement 2).

Where children required medication to be administered at the setting staff had gained permissions to do this. To keep children safe, the records could be further developed to ensure that these are clear. For

example, the reasons why an 'as and when medication' is to be given, detailing symptoms for staff to look out for. Staff had recorded information when medication had been given, however it was not clear why it had been administered or on what date. The service should now review their medication systems to ensure that these are in line with current best practice guidance to keep children safe (see area for improvement 3).

The service had built positive relationships with the school which supported children to have consistency of care and support. Most families felt well connected to the staff team, but a few families told us they did not. More work was needed to ensure that all families felt connected to the staff team. For example, consideration should be given to communicating with families who do not have the opportunity to pick their children up and have face to face chats with staff.

The staff team used praise and encouragement to support children during the sessions, for example, tokens were given to children and displayed in the club for acts of kindness and helping. This helped children feel seen and build their self-esteem.

### **Quality indicator 1.3- Play and learning.**

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

During the inspection the majority of the children were busy and engaged in play opportunities in and outdoors. The children told us they enjoyed their time at the service and had fun playing with friends.

Staff had laid out a variety of play experiences inside and equipment outside for the children to choose from. Children told us they met with staff to share ideas for activities and new equipment they would like. This could be further developed to help children lead their learning and shape the experiences planned for. For example, meeting more regularly with children and sharing how their suggestions had been used to help them feel involved. Staff told us this was an improvement that they planned to do.

The staff team had an understanding of child development, which was supporting them to provide children with fun experiences. The service should continue to develop staff knowledge of current best practice in play to support them to provide rich play experiences for the children. For example, they could consider play types provided when planning and evaluating the activities. Consideration should also be given to building on children's development as identified through personal planning to support them to learn new skills and achieve. There were some opportunities for children to be creative, but this could be further extended. For example by making more use of loose parts to support children's curiosity and creativity (see area for improvement 4).

Children told us they liked to play on the field and in the woods, but they don't get to do this if it has rained. During our visits children were not able to access this space. The service could develop their approach to this to facilitate more positive experiences in the outdoors when the weather is not as good. The service should also further develop their use of resources in the community during the school term to help children build a knowledge of their local area and a connection to it (see area for improvement 4).

Staff were invited into children's play showing that children felt respected. Staff chatted with children during their play. Staff could continue to develop their use of questioning during chats to build children's thinking, skills, knowledge and to consolidate their learning during their discussions.

## Areas for improvement

1. To support children's wellbeing the provider should review how snack is provided to ensure that this is a relaxed social experience in line with current best practice guidance. This should include but is not limited to:

- consideration of the noise in the surrounding area to make them relaxed, pleasant experiences,
- use of plates and cutlery,
- management of infection control practice,
- children having the opportunity to learn about preparing food, and
- having the opportunity to sit and chat with staff during mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS 1.35)' and 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible (HSCS 1.38).'

2. To support children's wellbeing and development the provider should review children's personal plans to ensure that these are developed in line with current best practice guidance to help all children progress and achieve. This should include but is not limited to:

- ensuring that all children have their individual needs identified
- ensuring that strategies to support them are detailed to help them achieve
- consideration of how to support individuals to engage in play and build relationships
- involving children and their families in developing personal plans
- reviewing personal plans with families whenever there is a significant change and at least every six months.

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)' and 'I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS 2.17).'

3. To support children's health and wellbeing the provider should review how medication is provided in the service to ensure children's safety. The records for permission and administering of medication should be reviewed in line with current best practice guidance. This should include but is not limited to:

- developing permission to administration records to show the reasons why medication should be given, for example signs and symptoms to look out for
- developing records of when medication has been given to show the reason why it was given and the date it was administered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24)' and 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).'

4. To support children's wellbeing and development the provider should review the play opportunities provided. This should include but is not limited to:

- providing access to natural environments
- developing the variety of play opportunities provided outside to build children's skills and confidence
- monitoring and developing the variety of play types offered to children to ensure that they are enriching their experiences in line with individual personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials (HSCS 1.31)' and 'As a child, I play outdoors every day and regularly explore a natural environment (HSCS 1.32).'

## How good is our setting?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 2.2- Children experience high quality facilities

Children played in the school dining hall with free-flow access to the school playground. Children enjoyed crafts and board games at the tables and some construction and role play games on the floor of the dining hall. The children were also taken in small groups to the library for group play with individual staff. Children told us they also played active games in the gym hall when the weather was not good. There was a small book corner which had a rug and some cushions for the children to rest on. This was well used during the inspection visits. More consideration could be given to providing opportunities for rest and relaxation. For example, providing more areas for self-regulation which children could benefit from.

The outdoor space was used by most children for the majority of their time in the service. More could be done to develop the experiences in the outdoor area as these were very similar on the days of inspection. Staff told us they planned to provide more loose parts play to support children to have a greater variety of experiences. Children and parents told us they would also like more structured games and team sports as well as free play activities to build their skills.

Staff were aware of the potential risks in the environment and supported children to make safe choices about accessing different areas. Children knew to let staff know they were going to the toilet and asked staff to take them to other areas in the school as needed. Staff supervised the outdoor area well as they were positioned at different points so they could see where children were playing and any visitors approaching the space.

The toilets had been refurbished since the last inspection giving children a more pleasant space to use.

Children stored their coats and bags in the cloakroom area adjacent to the main playroom. This area was in need of maintenance to make it a more pleasant space. For example, there was ripped and broken flooring and broken coat pegs. Addressing this could help show children that they mattered or their right to quality spaces is respected. (see area for improvement 1).

Children knew to wash their hands in the nearby toilets before snack. Staff washed their hands in the nearby kitchen where they prepared snack and used personal protective equipment, like aprons, gloves and hand gel to prevent the spread of infection while serving snack. Children did not wash their hands after

snack which increased the risk of infection spreading in the service. (see area for improvement 1 under key question 1).

## Areas for improvement

1. To support children's wellbeing the provider should review the coat and bag storage area to ensure that this area is properly maintained. This should include but is not limited to:

- ensuring flooring is not damaged, removing any tripping hazard and ensuring that the floor can be cleaned effectively
- coat pegs are not broken and damaged, giving children somewhere safe to hang their coats and bags.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.24)'.

## How good is our leadership?

**3 - Adequate**

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 3.1- Quality assurance and improvement are led well

The committee and staff team were committed to developing the service and demonstrated their ethos and values throughout the inspection. They could continue to review how this is shared with all families to help them feel informed about the plans for the service.

Children told us they had a club charter which helped them shape the expected behaviours at the club. This was reviewed regularly to help new children contribute to it. This helped children feel included in the service.

Children told us they sometimes have meetings to decide about activities and resources. Staff could have these more frequently and review the actions taken as a result of children's views to help them feel more involved in developing the service.

The service is led by a parent committee helping them to have a meaningful role in developing the service. However, some families who responded to our survey did not feel involved. More could be done to gather their views and share how these have been used to help them feel involved. Finding ways to share more about the work of the committee could also help people feel involved in the service.

The committee members and manager were new in their roles and had not yet established quality assurance systems to continue to develop the service. This meant that they did not have a clear overview of how the service was performing or a plan of how they would improve children's experiences. Consideration should be given to self-evaluation, monitoring systems, staff support and supervision and improvement planning to support them in this. We shared resources to support this work (see area for improvement 1).

The new manager and committee were not confident in their knowledge about relevant legislation and their regulatory responsibilities. For example, we had not been notified of the new manager or changes in relevant individuals who make up the committee. The manager started to process this during the inspection. There was also a member of staff who was working in the service who was not yet registered with the



Scottish Social Services Council (SSSC). This was addressed by the second day of inspection. We sampled recruitment files for the service and found that these were inconsistent. To maintain children's safety, the service should develop their recording systems to better evidence that all recruitment checks have been completed and are satisfactory prior to employing new staff. We shared relevant documents and links to legislation and websites to support them in developing their knowledge (see area for improvement 2).

Staff reflected on practice at Monday meetings, these could be further developed to support practice improvement in the service. For example, identifying actions, following up on progress, reflecting on current best practice and children's individual development to continue to improve children's experiences.

### Areas for improvement

1. To consistently deliver high quality care, play and learning for children and families, the provider should implement effective quality assurance and self-evaluation activities that lead to continuous improvement. This should include, but is not limited to:

- monitoring systems
- self-evaluation
- support and supervision, and
- improvement planning.

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)'.

2. To consistently deliver high quality care, play and learning for children and families, the provider and manager should develop their understanding their regulatory responsibilities in providing a care service in line with legislation. This should include, but is not limited to:

- notifications which they are required to make to the Care Inspectorate
- responsibilities for safer recruitment, and
- employment of staff including registration with the Scottish Social Services Council (SSSC).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I use a service and organisation that are well led and managed (HSCS 4.23)' and 'I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24)'.

### How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

#### Quality indicator 4.3- Staff deployment

The service was staffed to ratios and complied with their conditions of registration during the inspection, helping to keep children safe. The service had small numbers of support workers who were not left unsupervised with the children. This was managed well in the service during the inspection. It was not clear from records when core staff had for example been absent from the service or when agency staff had been

present. Staff attendance should be recorded in a clear way to ensure that this information can be found easily in the event of an emergency.

Registers were well kept detailing the actual times children arrived at and left the service. Children were signed out and we saw that staff were vigilant in checking with parents or carers where they had not met the people who were collecting before. This helped to ensure children safety.

Staff were working well together as a new team and told us that they were on a learning journey to improving. Individual staff had delegated roles. For example, responsibility for snack, or ensuring the children were registered as they came in helping to keep children safe. This helped staff to know where to be and what tasks they had to do to keep the service running smoothly. The staff communicated well with each other throughout the visits to ensure that key tasks were completed. Staff highlighted where, for example, they were taking time to support an individual and wouldn't be able to oversee the wider group. This helped to keep the children safe. There were times of the day however, when staff were stretched to meet children's needs. The service should review these times of the day to improve outcomes for children. For example, how snack is provided at the start of the session, to ensure children have a positive experience across the whole of the session.

Staff were keeping children safe and well supervised by being responsive to the way children used the spaces. For example, moving to the outdoor space if more children free-flowed outside.

The service had used agency staff to cover when core staff were off. The service had some records to show how they ensured that staff were suitably experienced and skilled for their roles. More could be done to show how the staff are inducted into the service to ensure children's safety and wellbeing (see area for improvement 1).

All staff told us they felt supported by the committee and newer staff told us they felt well supported by established staff. This created a positive working environment. Staff had access to appropriate training opportunities however, there was no overview or plan which would help to drive improvement in the service. The induction and ongoing support of staff development processes could be further developed to evidence competency and support staff to develop new skills (see area for improvement 1).

## Areas for improvement

1. To promote consistently positive experiences for all children, the provider should develop induction and monitoring processes for all staff to demonstrate their competency and support them to develop new skills.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity (HSCS 4.17)' 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)'.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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