

Liberton After School Club Day Care of Children

c/o Liberton Primary School
229 Gilmerton Road
Edinburgh
EH16 5UD

Telephone: 07939 602 880

Type of inspection:
Unannounced

Completed on:
3 February 2025

Service provided by:
Liberton After School Club

Service provider number:
SP2003002846

Service no:
CS2003011880

About the service

Liberton After School Club (LASC) is a day care of children service. The service was registered on 1 April 2011. Registration conditions are to provide a care service to a maximum of 94 primary school aged children up to entry to S1 at any one time. Of those 94 children, 34 will be cared for at Inch House Community Service, 225 Gilmerton Road, Edinburgh, EH16 5UF.

The service operates from two buildings within close walking distance of each other. One building, referred to as the 'hub' is situated within the grounds of Liberton Primary School. This building had the use of two rooms and toilet facilities. Some of the toilet facilities were located within Liberton Primary School. The children in this building had direct access to an outdoor playground and small enclosed planting area. The second site, known as the 'house', is within Inch House Community Centre. Children within this space had access to two rooms on the ground floor and a toilet area located on the first floor. This space was also complemented by direct access to an enclosed garden area, and to a wider community outdoor space including a large park. Local amenities were close by, including parks and transport links.

About the inspection

This was an unannounced inspection which took place on Tuesday 28 January 2025 between the hours of 14:00 and 18:00 and continued on Wednesday 29 January 2025 between the hours of 13:00 and 18:45. 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- took into account feedback we received from 34 families and spoke to two parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children and staff enjoyed their time at the after-school club.
- Supporting children who needed additional support was a strength of the service.
- Personal planning needed improved, so that information was up to date and clearly documented to reflect children's current needs and interests .
- Children's health and wellbeing was promoted through regular access to the outdoors.
- Self-evaluation processes needed to improve to enhance the quality of the service and positively impact on outcomes for children. This is because not all requirements or areas for improvements made at previous inspections had been met or sustained.
- Safety procedures within the settings and in the outdoor areas, including the local park needed to improve to ensure children's safety at all times.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 this quality indicator as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 1.1: Nurturing care and support

Children enjoyed attending the service and told us it was a good club. They were happy, settled and engaged in play. Staff interactions with children were respectful and supportive. One child told us, "All the adults are really kind." Parents told us, "There are warm staff and a friendly atmosphere." "The team at the after school club are very pleasant and you can tell they really care about all the children."

Snacks were nutritious and children had been consulted about the food on offer. Staff should continue to regularly embed this good practice to give consistent opportunities for children to choose different foods of their choice. Some children attended extra-curricular clubs in the school, which meant that they arrived later to the service. Food was kept for these children to enjoy snack on arrival, which demonstrated inclusive care to support children's needs.

Snack time experiences were variable across the two settings, with strengths and areas for improvement in both. Moving forward, management could reflect on strengths for each setting and replicate in the other to make improvements for all children. For example, in the house a rolling snack was available, meaning that children could choose when they wanted to eat. Children could be offered this choice in the hub to make snack time a more respectful experience. This would allow children to choose when they want to eat or play. Adaptations to the hub arrival routine would help to accommodate this improvement. All children should be supported to use a plate to put their food on. In both settings children's independence could be further promoted with more opportunities to use cutting, spreading and self-serving skills. To enhance the social occasion of snack time, and to keep children safe, all children should sit at the snack table when eating.

Management and staff worked proactively with children, families, and other professionals to identify appropriate next steps and strategies to improve outcomes for children. Supporting children who needed additional support was a strength of the service. Effective partnership working with Liberton Primary School meant that children benefited from consistent strategies of support throughout their day. For example, one child had a support plan to help them to decide where they wanted to play, and to anticipate what was going to happen next in their routine. This was an area of strength in the personal planning approach.

At the last inspection we made a requirement about personal plans. We recognised the improvements made to documenting strategies, particularly for children who needed extra support. However, management now need to develop their understanding of all aspects of personal planning. This requirement has not been fully met and is restated (**see requirement 1 in the outstanding requirements section of this report**).

Quality indicator 1.3: Play and learning

Children were happy and having fun as they independently explored the wide range of experiences on offer. They were curious, busy, and mostly purposeful in their play throughout the session.

Children who attended the house told us, "It is fun, and we can always go to the games room," and "we can choose anything from the store cupboard and go inside and outside." Children who attended the hub told us, "We like coming to the club."

Staff knew children well, including their interests. They used this knowledge to plan play experiences that children would enjoy. Children were allowed to lead their own play, for example, children who had brought their instruments from school, played together for staff.

There were daily opportunities for children to play outside to promote physical health and emotional wellbeing. Similarly, children had opportunities for play and learning to be enhanced through stronger connections to their own and wider communities. For example, regular visits to the local park and, during holiday periods, visits to the beach, museums and to the Kelpies.

On most days, children could choose where they would like to play. For children who attended the house, freedom of choice was available throughout the session. This allowed them to be able to lead their play as they wished. In the hub, routines restricted times when children were able to choose. On arrival, children had to go outside and then come in for snack before they were able to choose where they would like to play. Staff should review this routine to ensure that children's right to choose is respected at all times. After snack, a system was in place for children to put their names on the board beside the play area of their choice. Moving forward, staff should consider extending this good practice to include park days. This would ensure that all children understood that going to the park was optional and that they could choose to stay indoors to play, should they wish.

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 2.2: Children experience high quality facilities

Play spaces were structured with a range of play resources to take account of all children's stages of development and learning. As a result, children of all ages were motivated to be engaged and focussed in their play. They benefited from comfortable spaces where they could rest, relax, and have some quiet time in both settings. Parents appreciated the range of experiences on offer and told us, "Children can do things like sport, art, role playing, dressing up, woodwork, building shelters and learning how to properly build a bonfire." "The children love their time at LASC, they get to do a wide range of activities including important life skills and extending their learning beyond the classroom."

In the hub children had designated space to store their belongings, which helped them to feel that they mattered. Moving forward, a similar facility could be considered in the house to ensure that all children are given this message.

An important strength in the service was that children had direct access to outdoors. This had a positive impact on their health and wellbeing as they took part in physical play and spent time in the fresh air. Effective community partnership working had resulted in the addition of an interesting, enclosed garden area. This area provided a range of opportunities for children including growing and caring for plants. Management could consider solutions to ensure that the garden area is more regularly accessible throughout the year. A parent agreed with this and told us, "I would like them to use more outdoor spaces on a regular basis."

Consideration must be given to improving the arrangements for security within the settings and in the outdoor areas, including the local park. Procedures in place were not sufficient for staff to know where children were at all times, meaning that they were unaccounted for. This posed risks that children could leave the setting or become ill or hurt without being noticed. This exposed them to the risk of harm. For example, there was no communication system in place for when children moved from inside the house to the park. This meant that staff did not always know how many children were in their care. A parent expressed concern about this and told us, "I think the only thing is possibly just thinking about how the children are monitored when in the local park". Similarly, a system should be put in place so that staff knew when children had gone to use the toilet facilities and when they had returned (**see requirement 1**).

Some risk assessments were in place and updated to identify and remove risks. For example, an updated risk assessment to include the use of dehumidifiers in the toilet areas of the house. However, risk assessments for children using the outdoor play spaces need to be improved and additional safety measures must be introduced. This would help staff and children to know the rules and procedures when being outdoors. This must include clear boundaries that children should remain within. This would help staff to know where children are at all times. Safety measures such as high visibility waistcoats should be considered to help show at a glance which children belong to the service. This is of particular importance when sharing spaces with members of the public (**see requirement 1**).

Requirements

1. By 24 March 2025, the provider must improve the safety procedures within the settings and in the outdoor areas, including the local park.

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

1. introduce and embed robust safety procedures to ensure that staff know where children are at all times
2. develop risk assessments to identify potential hazards and safety measures should be reviewed and improved to minimise risks to children's safety for all areas.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

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

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 3.1: Quality assurance and improvement are led well

The service was provided by a committee, whose members were parent volunteers. The committee worked proactively with management to support service delivery. For example, supporting with the ongoing review and development of policies. The chairperson joined the inspection feedback session and planned to ensure that the committee takes an active role in supporting improvements in line with the inspection findings.

Parents felt involved in a meaningful way to help develop the service. They told us, "There are newsletters and meeting opportunities," "We are frequently asked for feedback," and "There is an open door and trust they will always have an open ear. As well as being actively encouraged to get involved at the annual general meeting." 34 parents responded to our request to share their views about the club. They were all very happy with the service provided.

Effective partnership working with the primary school and community had resulted in planned improvements. For example, the introduction of a garden area. Management worked hard to secure funding from the local authority which had resulted in the installation of a play hut in the outdoor play space.

Management were reviewing the current improvement plan and considering priorities for the next session. We advised that areas identified as requiring improvement during inspection should be prioritised. This is because not all requirements or areas for improvements made at previous inspections have been met or sustained. To support the process, priorities must be solution focused, and concise with clear time scales. This would help to keep priorities achievable, leading to sustained improvements. This should enhance the quality of the service and positively impact on outcomes for children **(see requirement 1)**.

Some monitoring and audits were in place to identify areas to be improved. For example, there was an audit of accidents. This helped management to show patterns, for example, a higher number of accidents on a specific piece of equipment. This information was then used to reduce risks, helping to keep children safe. However, processes were not sufficient to identify gaps in the quality of the service. For example, there remained gaps in areas noted in the unmet requirement about the personal planning process which has been reinstated. Similarly, there were concerns around safety procedures. Self-evaluation processes such as auditing and monitoring must be improved, with actions taken to lead to sustained improvement **(see requirement 1)**.

The service was a member of the Scottish Out of School Care Network (SOSCN). We encouraged management to make effective use of their membership benefits, such as training opportunities, and a wealth of information, guidance, and support. Similarly, we provided links to guidance to support areas that they are required to improve. This included best practice guidance, Guide for Providers on Personal Planning Early Learning and Childcare (Care Inspectorate 2021), and Management of medication in daycare of children and childminding services (Care Inspectorate, 2024).

Requirements

1. By 1 May 2025, the provider must implement self-evaluation processes which clearly informs the improvement plan. The improvement plan should prioritise and impact on areas identified as requiring improvement during this inspection.

This is 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 (SSI2011/210).

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).

How good is our staff team?

3 - Adequate

We evaluated this quality indicator as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 4.3: Staff Deployment

Staff were based in either the hub or the house on a consistent basis, including the management team. This helped to ensure that children received care and support from familiar adults. Regular team meetings helped staff to feel a sense of belonging as one team and contributed to them knowing and understanding all children's needs. This resulted in positive, trusting relationships, and a sense of security for children which helped establish secure attachments. Parents told us, "Staff are hugely welcoming and outwith the centre open times the manager is available to speak to confidentially or via email." "The staff are friendly and engaging. My child talks a lot about them and is well care for. Staff know me and will inform me of anything I need to know."

Staff were supported to use specific skills to enhance experiences for children. For example, one staff member was specifically deployed, in line with their expertise to support a child who had additional support needs. Another staff member used their skills to help children to develop football techniques. Management should further develop and embed this effective use of staff in practice.

There were enough staff to meet legislative ratio requirements, and extra staff to provide additional support for children when required. However, there was a need for routines and procedures to be planned appropriately to ensure that staff were effectively deployed to promote safety and wellbeing. For example, on the first day of inspection staff were outwith the legal ratio in the outdoor play space at the hub. Similarly, staff could not always effectively manage ratios because there were times when they were unaware of how many children were in their care (**see requirement 1 in key question 2 How good is our setting?**).

Moving forward, procedures should be improved for staff to be given clear guidance. Staff should be supported to recognise and reduce hazards to ensure safety and high-quality outcomes for children .

A process was in place to support agency staff. Management provided agency staff with important information about children's needs and the structure of day. This helped to ensure that children received consistent care and support.

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

Requirements

Requirement 1

By 28 July 2023, the provider must support children to ensure their personal plans clearly reflect their needs and ways in which the service is supporting them.

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

1. ensure that children's medical information is up to date, clearly documented and effectively managed in line with the Care Inspectorate's publication 'Management of medication in a day care of children and childminding services' (2024)
2. make sure support strategies are clearly documented for all children who would benefit from them, particularly children with additional support needs
3. introduce and embed a template for recording concerns about children's safety and wellbeing
4. document the settings decision making in response to concerns around children's safety and wellbeing, along with the action taken to support children moving forward
5. ensure policies, procedures and personal planning documentation reflects a nurturing approach and demonstrates staff's knowledge and skills in understanding children's behaviour.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 requirement was made on 5 May 2023.

Action taken on previous requirement

1. Children's medical information was not up to date, or clearly documented and effectively managed in line with the Care Inspectorate's publication 'Management of medication in a day care of children and childminding services' (Care Inspectorate, 2024). For example, medication forms did not meet the required criteria for registered daycare of children services. Forms needed to be replaced to align to this. Effective three monthly reviews were not carried out with parents. These need to be introduced to review and record any changes to medication or health needs. Parents should sign and date reviews to evidence that they agree to changes, or that no changes are required. Similarly, documenting children's dietary needs, including allergies were not all up to date, clear or accurate. For example, it was not correctly documented if it was an allergy or a preventative measure due to other family members having an allergy. Information must be clear and accurate to keep children safe.
2. Support strategies for children who had additional support needs were clearly documented. The service continues to embed practice for all children. Effective partnership working with Liberton Primary School meant that children benefited from consistent strategies of support throughout their day. We recognised the improvement made in relation to this section of the requirement.
3. A template for recording concerns about children's safety and wellbeing was introduced and is being embedded.
4. Effective documentation and decision making regarding concerns about children's safety and wellbeing could be improved to ensure that they are in line with policy and legislation. We discussed this with management to ensure that they were clear about their responsibilities.
5. Policies, procedures and personal planning documentation reflected a nurturing approach and demonstrates staff's knowledge and skills in understanding children's behaviour.

Elements of this requirement had progressed. Concerns remained around sections 1 and 4. Additionally, not all parts of the personal planning approach was managed consistently. For example, registration information, health needs, personal routines and preferences were not regularly reviewed with children and families. This meant that children's current needs and interests were not reflected in plans to support their wishes and choices.

This requirement has not been met and has been restated with an extended timescale of 1 May 2025.

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 support children's wellbeing, learning and development, the provider should ensure that the environment, including kitchen facilities and toilets, are clean and well presented.

This should include but is not limited to introducing quality assurance checks and observations of staff practice and the environment to ensure high standards of infection prevention and control are evident. The environment should be tidy and clutter free.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 5 May 2023.

Action taken since then

The kitchen areas in both sites and the toilets in the house were clean and well presented. The cleanliness of the large toilet facilities located in the primary school were clean to an acceptable standard. Staff should continue to explore ways to easily manage the cleanliness of these large facilities. For example, they could consider allocating the first few toilets and sinks for children attending the club to use and focus on keeping them clean.

This area for improvement has been met.

Previous area for improvement 2

To support children's care, learning and development, the provider should ensure quality assurance systems clearly demonstrate the impact of any improvements made on outcomes for children.

This should include but is not limited to documenting the difference staff training has made to children's development. In addition, carrying out observations of staff practice to assess how well improvements are

embedded in practice.

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 5 May 2023.

Action taken since then

An improvement plan was in place in line with framework. Improvements have been made to support for children who require extra help and partnership working with school to ensure shared strategies of support for children.

There remained gaps in areas in line with the unmet requirement about the personal planning process which we has been reinstated. This demonstrated that management and staff did not fully understand the purpose of personal planning. Similarly, there were concerns around safety procedures, and management of safeguarding, incidents, and complaints procedures. Management and staff must develop their knowledge and understanding to improve these processes in order to keep children safe. Quality assurance, including self-evaluation processes such as auditing and monitoring was not sufficient to identify and address gaps.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 3, How good is our leadership?

Previous area for improvement 3

To support children's care, learning and development, the provider should ensure staffing levels reflect children's needs.

This should include but is not limited to enabling staff to devote more individualised support and attention to children. By adopting less of a supervisory role, staff would be empowered to be more present and deeply engage with children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak to me' (HSCS 3.16).

This area for improvement was made on 5 May 2023.

Action taken since then

Staff engaged positively with children and knew them well. Genuine conversations demonstrated positive relationships, supporting to meet children's needs.

There remained concerns around safety procedures which was impacted on by staff deployment.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 2, How good is our setting?

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

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

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