

# Sciennes After School Care Scheme SCIO

## Day Care of Children

Sciennes Primary School  
10 Sciennes Road  
Edinburgh  
EH9 1LG

Telephone: 01316 624 810

**Type of inspection:**  
Unannounced

**Completed on:**  
20 February 2025

**Service provided by:**  
Sciennes After School Care Scheme a  
Scottish Charitable Incorporated  
Organisation

**Service provider number:**  
SP2019013270

**Service no:**  
CS2019373209

## About the service

Sciennes After School Care Scheme (SASCS) is registered to provide a day care of children service to a maximum of 85 school aged children at any one time.

The service is provided from Sciennes Primary School in the Marchmont area of Edinburgh. It is close to the city centre, parks and community resources.

The service use the two dining areas in the school, there is a dedicated office and storage space and the school playground is used for outdoor play.

## About the inspection

This was an unannounced inspection which took place on Monday 17 February 2025 between 14:30 and 18:00 and a second visit on Wednesday 19 February 2025 between 11:00 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 a number of children in the setting
- reviewed online questionnaires completed by nine parents
- spoke with management and staff and reviewed questionnaires completed by seven staff
- observed staff practice and daily experiences for children
- reviewed documents.

## Key messages

- Children were valued, respected, and included in experiences on offer.
- Staff knew children well, including their interests. They used this knowledge to plan play experiences that children would enjoy.
- Children were given choice to lead their play and learning. Children recorded their wishes for future activities in a choice book which was clearly presented, accessible and well used.
- To assist managers in the assessment and improvement of the setting they should significantly increase the amount of time they spend in the play spaces. Similarly, the board of trustees should have more of an active role to support managers in the work of the service.
- Safety conscious staff had organised systems to ensure that they knew where children were at all times.
- To ensure that children's care and learning needs were consistently supported, auditing and monitoring of management of medication in line with guidance, and children's personal plans should be improved.
- Staff were motivated and positive about their experience working in the setting, and felt well supported.

## 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?	4 - Good
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?

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 1.1: Nurturing care and support

Staff were kind, fun and welcoming. This resulted in children being happy and settled in the service. They had clearly formed positive and trusting relationships with staff. Children confidently approached them for support, or to request resources and activities.

Children were valued, respected, and included in experiences on offer. For example, food allergies were catered for when buying ingredients for baking activities. Similarly, welcome time informed children about what was on offer each session. Children were given opportunities to enquire about specific activities, or to ask questions before choosing what they would like to do. Parents recognised that children were valued, one parent told us, "Staff are always chatty and helpful, it is clear that they have conversations with the children and really listen to them."

Snack on offer was nutritious, and children enjoyed the food available. Self-service promoted independence and gave children the opportunity to choose what they would like to eat. To enhance the social occasion of snack time, staff sat alongside children while they ate.

Children's overall wellbeing was supported through personal planning. Important information, such as contact details, and health needs were on hand to help to keep children safe and well. Moving forward, reviewing of personal plans with parents should be improved to ensure that this is carried out in line with legislation. This should include recording when parents have reviewed their child's plans and changes made to support current needs. This would also identify any gaps in the personal planning approach. For example, not all children had up to date "all about me" information informing of their preferences, wishes and choices (see area for improvement 2 in key question 3: "How good is our leadership.")

Health care plans were in place for children who required medication. The plans clearly informed of the stepped approach to administering medication, and procedures to take should symptoms worsen. Reviewing of medication should be improved to ensure that this is carried out every three months in line with legislation. Reviews should be carried out and recorded in consultation with families to discuss any changes to children's health condition or medication. They should also include effective monitoring to ensure that the recording of strength and dosage of medication aligns with the prescription. This is important to keep children safe and healthy (see area for improvement 2 in key question 3: "How good is our leadership.")

### 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 engaged in the activities that they chose to do. These included, baking, using the creative and imaginary play materials, and team games which were available indoors and outside. Children told us they had lots to do and that they could access the large cupboard to add to the resources that were already on offer.

Staff knew children well, including their interests. They used this knowledge to plan play experiences that they would enjoy. For example, crochet and baking. Thought had been given to ensure that play opportunities met the needs of all age groups. Staff considered how to make sure that older children remained motivated and engaged. This had led to the introduction of games such as "dungeons and dragons", which was specifically provided for older children to enjoy. They appreciated this and one child told us, "I don't get bored at the club as there are interesting things for us to do." A parent said, "My child has really enjoyed the new dungeons and dragons activity for the older children."

Children were given choice to lead their play and learning. Children recorded their wishes for future activities in a choice book which was clearly presented, accessible and well used. This encouraged children to record their wishes in line with their interests, for example, knitting. Planning was evaluated to reflect on what worked well. This could be developed to reflect more on children's play and learning outcomes to help staff to consider new experiences to challenge and motivate children.

Parents told us that they felt welcomed into the service and had the opportunity to discuss their child's care, play and learning. One parent said, "Staff very friendly and willing to chat if needed. Contact can also be made via email, phone or the App."

## 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.

The setting was prepared for children arriving. Spaces were structured with a range of play resources to take account of all children's stages of development and learning. This helped them to feel welcomed and valued. As a result, children of all ages were motivated to be engaged and focussed on their play. Comfortable spaces were provided for children to rest, relax, and have some quiet time. This showed that children were respected.

Open ended play materials (loose parts) were offered to increase opportunities for creativity, problem solving and cooperative play. For example, natural resources which children used for artwork.

Daily opportunities for outdoor play had a positive impact on children's health and wellbeing as they took part in physical play and spent time in the fresh air. Due to the layout of the building the free flow to outdoors was not possible. Management could consider ways to develop opportunities for children to be able to choose to go outside when they wished, rather than at set change over times. Plans were in place to enhance storage of outdoor resources. In line with this, management could improve systems to ensure that a better range of outdoor play resources are available for children to self-select and lead their own play. A parent told us, "Staff do a great job of offering children outside play and physical activities, even in the Scottish weather!"

Safety conscious staff had organised systems to ensure that they knew where children were at all times. Well planned management of children's movements and regular headcounts was a priority for the service. This helped to protect children from harm. Similarly, we saw that an established routine was in place for collecting children from school. Children were familiar with the rules and expectations. As a result, they were supported to keep themselves and others safe.

Children's health was prioritised. Playrooms and resources were clean and well maintained. Infection, prevention, and control practice was good with effective handwashing taking place at key times, in line with guidance.

Children's personal information was securely stored and managed in line with best practice guidance. This reduced the risk of children and family's information being used unlawfully.

## 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

Management were committed to improving the service. Self-evaluation processes had resulted improvements which included, the quality of staff interaction with children. Similarly, children were being given more opportunity to choose future planned play experiences. This helped them to feel valued and allowed them to experience play opportunities which complimented their interests. A parent said, "The team are great and, after almost ten years we still feel very happy with the service which continues to develop and respond to changing needs and feedback."

At the last inspection, we found that management could be more present in play spaces. We made an area for improvement stating that they should significantly increase the amount of time spent with staff and children. This was to assist with observations of staff practice and the development of relationships with children and parents. This area for improvement was not met and has been restated (**see area for improvement 1**).

Management were in the early stages of using a quality assurance calendar to support quality assurance processes. As this is embedded it should support the service to continue to develop and implement change to improve outcomes and experiences for children and families. Moving forward, management should focus on auditing and monitoring areas where gaps were found at this inspection. For example, audits of management of medication in line with guidance, and monitoring of children's personal plans. To support this the service should consider ways of recording how the areas for development would be implemented to ensure that children's care and learning needs were consistently supported (**see area for improvement 2**).

The service was provided by a board of trustees, whose members were parent volunteers. The chairperson joined the inspection feedback session and was eager to support the development of the service, alongside fellow board members. At the last inspection we advised that the manager should receive an annual appraisal from the board. While there had been some informal discussions, there was a need to formalise this process to fully support the manager. This would be an opportunity to recognise professional achievements and to reflect on and action areas for development. Similarly, management would benefit from regular meetings with the board to support the life and work of the service. Notes of meetings and actions planned should contribute to further improvements being made to enhance outcomes for children (**see area for improvement 3**).

## Areas for improvement

1. To assist managers in the assessment and improvement of the setting they should significantly increase the amount of time they spend in the play spaces. This is to provide role modelling of practice, assist with observations of staff practice and the development of relationships with children and parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. To meet children's care and learning needs, management should audit and monitor areas where gaps were identified at this inspection. This should include, but not be limited to:

- audits of management of medication in line with guidance
- monitoring of children's personal plans.

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).

3. To support continuous improvement of the service, the board of trustees should formalise procedures to facilitate an annual appraisal for the registered manager.

The board should also hold regular meetings with the management team to support the life and work of the service. Notes of meetings and actions planned should contribute to further improvements being made to enhance outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## 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

Staff deployment was effective to ensure good outcomes for children because staffing levels were planned in consideration of individual children's needs. This meant that the service was appropriately staffed to support children's well-being. Staff were flexible and communicated well as a team. For example, confidently asking colleagues for help to ensure that children were effectively supervised to keep them safe. A parent told us, "There are always enough staff in this service to meet my child's needs. The service is very well staffed and also provides additional one to one support for children with additional support needs. My child has always felt safe and comfortable."

There was an emerging ethos of distributed leadership. Staff were invited to share their ideas and use their skills to support children's interests. For example, one staff member who was skilled at crafting led a project for children to learn how to make felt bears.

Similarly, staff were being given more responsibility to bring ideas to inform planning. A staff member was tasked with providing experiences tailored to younger children's needs and interests. This was for them to enjoy on arrival to the setting before the older children arrived. Continued delegation of specific roles could help staff to develop their skills to enhance positive outcomes for children.

Training sessions supported staff to develop their practice. For example, recent training was delivered to help staff develop their skills to support children's emotional wellbeing. Given that several staff were unqualified, consideration could be given to increase the frequency of training sessions. To enhance the quality of play experiences, this could focus on training opportunities to develop staff knowledge about how to support children to learn through play.

Staff were motivated and positive about their experience working in the setting. They felt well supported and one staff member told us, "Management have worked with me to arrange my hours so that I could continue to attend university."

Induction procedures had improved in line with advice given at the last inspection. As a result, new staff were given information about what was expected of them to help meet the needs of individual children. This helped staff to develop an understanding of the ethos and culture of the setting. Similarly, management were continuing to develop supervision procedures to support staff to reflect on and improve their practice. To improve this further regular observations of staff practice should ensure that staff performance is constructively reviewed with effective support planned and evaluated (see area for improvement 1 in key question 3, "How good is our leadership?"). This should result in children being consistently cared for by competent skilled staff who are able to reflect on and develop their practice.

## 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 assist managers in the assessment and improvement of the setting they should significantly increase the amount of time they spend in the play spaces. This is to provide role modelling of practice, assist with observations of staff practice and the development of relationships with children and parents.

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 area for improvement was made on 16 November 2023.**



**Action taken since then**

Managers spent some time in play spaces on an ad-hoc, irregular basis.

Moving forward, this should be planned and timetabled to formalise processes to assess and improve the setting. This could provide role modelling of practice, assist with observations of staff practice and enhance relationships with children and parents. Recorded observation of staff practice would assist with staff reviews and planning future training opportunities. This would help to ensure that children receive care and support from staff who are being supported to develop their knowledge and skills.

**This area for improvement has not met and has been restated in key question 3: "How good is our leadership?"**

**Previous area for improvement 2**

To improve the quality of care and support children experience, all staff should be supported to develop their skills and practice through a range of learning and support opportunities, including well planned and clear induction, tailored training and effective monitoring arrangements.

This is to ensure 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).

**This area for improvement was made on 16 November 2023.**

**Action taken since then**

Management had focussed on introducing a range of training opportunities to support staff to develop their skills and practice.

Induction for new staff had been improved in line with advice given at the last inspection. Improvement in the induction process should now continue to be developed and embedded. This could include developing meaningful conversations between mentor and new staff and goal setting to enhance practice.

**This area for improvement has been met.**

**Complaints**

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

## Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
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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