

Broughton After School Club Day Care of Children

Broughton Primary School
132 Broughton Road
Edinburgh
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Telephone: 01315 569 117

Type of inspection:
Unannounced

Completed on:
2 June 2025

Service provided by:
Broughton ASC

Service provider number:
SP2003003104

Service no:
CS2003013326

About the service

Broughton After School Club is an out of school service for children of Broughton Primary school in Edinburgh. It is registered to provide a care service to a maximum of 60 children of primary school age. The board of directors are made up of parents using the club and they have overall responsibility for the club.

The service is delivered from a standalone building within the grounds of the primary school. As part of its registration, the service also has use of the school playground, dining room, gym hall, swimming pool, and toilets within the school building.

About the inspection

This was an unannounced inspection which took place between Tuesday, 27 May 2025 from 14:00 until 17:45 hours and Wednesday, 28 May 2025 from 13:45 until 17:00 hours. 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 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 children using the service
- reviewed feedback from 14 families
- observed practice and children's experiences
- reviewed documents
- spoke with management
- reviewed staff feedback.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children were settled, happy and confident within the service.
- Children had access to indoors and outdoors throughout the session, enabling children to make choices in their play.
- Children benefitted from the spacious environment with the use of the school facilities.
- The manager and provider should ensure that they know and understand their roles and responsibilities of providing a registered day care of children service.

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?	4 - Good
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

Children experienced a warm welcome when collected from school, staff asked them about their day and children were happy to see and speak to staff. This let children know that they were valued and cared for. A parent commented about staff, "I'm always greeted with a smile and hello and have a nice chat with them."

Personal plans had somewhat improved since the last inspection with the inclusion of Getting it right for every child (GIRFEC) wellbeing indicators to identify children's experiences. Further work is needed to ensure this approach is individualised to identify and support children's needs. Observations of children were limited and strategies of support were not always followed up. As a result, some children's needs were not being supported as effectively as they could be. The service needs to develop personal plans further to ensure all children receive the care and support that is right for them. The area for improvement made at the previous inspection was not met and is restated (see area for improvement 1).

The management of medication had improved since the last inspection. Medication was reviewed in line with current guidance; this meant that records held about children's medication was correct. All staff had received first-aid training that included administering emergency medication. Although, some staff were unclear about roles and responsibilities of who could administer emergency medication. This meant that in an emergency situation there could be a delay in a child receiving their medication. The service needs to ensure that all staff know their responsibilities and the procedures for administering medication (see area for improvement 2).

Children benefitted from a snack time that was unhurried, allowing them time to choose when they ate. Children independently selected items, giving them choice of what and how much they ate. Children benefitted from a selection of fruit and vegetables to choose from. Cheese sandwiches were available with a dairy free alternative for children with dietary needs. We suggested having more variety across the week for snack options for children at this inspection and the last one. We were told that cheese toasties had been introduced and children sometimes have items from the baking activity. At the start of the session, a member of staff was present and supervised children during snack; this meant that children were supervised and those with dietary needs were supported to select the correct sandwich option. Towards the end of the session, snack continued to be available but staff were busy with other tasks. As a result, snack was supervised less. We observed snack to become less organised with children touching multiple food items before making their selection, and children with dietary needs were responsible for reading the box marked for them. As a result, there was an increase in the possible spread of infection and children consuming food that was not safe for them (see area for improvement 3).

Quality indicator 1.3: Play and learning

Staff knew children's likes and preferences and used these to set up activities for their arrival, including arts and crafts, Lego, and board games. Children benefitted from a variety of play experiences available to them and were familiar with the routine of the session. Play experiences were mostly structured and adult led with some free play. Staff were responsible for developing a themed activity and facilitating this with

children. For example, a science activity provided opportunities for children to experiment, and problem solve with different solutions and equipment. Children were engaged and had fun as they learned.

Children benefitted from having opportunities to play outdoors, with several children choosing to be outdoors for most of the session. A child commented, "We can play football. You have a choice of activities and free play both indoor and outdoor. The staff are nice. They join in games and are funny and are up for jokes. They have a lot of equipment for us to use."

Planning systems were in place and there were opportunities for children to make suggestions in a notebook. This approach could be strengthened by dating children's suggestions and evaluating their learning following an activity. This would help track children's interests and inform play experiences further. Feedback received from some parents was a request for there to be more opportunities for children to make decisions about play activities on offer. Consideration of how children's voices and opinions are captured will help to ensure experiences are reflective of their interests.

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure all children have a personal plan that details their individual needs, choices and progress.

This information should be used to care for, and support children effectively. Plans should be reviewed by parents to reflect children's current needs.

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 my 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).

2. To support children's health and wellbeing, the provider should ensure staff know what necessary steps they should take in caring for children with prescribed medication and in an emergency situation.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

3. To support children's health and wellbeing, the provider should ensure that children are provided with a healthy, balanced snack that is inclusive of dietary requirements. This should include but not limited to being informed by current guidance, and in consultation with children, through menu planning.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

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 benefitted from being in a service that was clean and cared for. The environment was well ventilated and fresh air circulated through the door being open, this did not impact on the space remaining warm and cosy.

Children benefitted from the use of several areas to play in, including the main building, the rear school playground, the school dining hall, the school gym area and the swimming pool. This enabled staff to be evenly placed across all areas and for children to benefit from the spacious surroundings.

There were comfortable sofas for children to sit and relax on. Children enjoyed reading their books as they relaxed on the sofas. A child commented that the sofa was one of their favourite things in the club.

Children benefitted from a selection of toys and resources across the play spaces that were in a good condition. They were accessible to children, enabling them to self-select and return. This provided children with freedom to make choices in their play.

Improvements had been made to the use of toilet facilities, with children having sole use of the toilets in the club and school when playing in the hall. Staff toilets were situated in the school. This meant that current guidance was being followed.

Children had the opportunity to participate in weekly swimming sessions at an additional cost. There was an established routine for signing up for a group session, and for walking to and from the swimming pool. Policies had been updated since the last inspection to reflect the swimming sessions procedure, including an updated risk assessment.

Risk assessments were in place for frequently visited locations and for the areas used in the school. These need to be reviewed and updated to reflect any changes.

How good is our leadership?

4 - Good

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvements are led well

Quality assurance and self-evaluation approaches were beginning to be introduced but were not yet having an impact on practice and provision. This meant that the pace of progress had been limited, but moving in a positive direction. Quality assurance systems should be developed further to manage operational tasks this may include; audits of accidents, reviews of personal plans and Scottish Social Service Council (SSSC)

registrations. In addition to service developments that are child focussed, including but not limited to play experiences, children's participation and interactions. We discussed this with the manager and signposted to self-evaluation documents including the Quality Framework to inform their approach moving forward. The area for improvement made at the previous inspection had not been met and will be reinstated (see area for improvement 1).

There have been significant staff changes since the last inspection, with almost a whole staff team being recruited. Newly appointed staff have been supported through inductions and were gaining knowledge of the service and children at a pace that was right for them. This meant that the manager had not been able to delegate responsibilities and tasks at this time. As the team becomes more settled within their roles, the manager should consider how to delegate tasks to more experienced members of the team. This should help to increase the pace of change and experiences for children.

The provider and manager were continuing to develop a better understanding of their roles and responsibilities for the service since the last inspection. We suggested that this continues and signposted the manager to best practice guidance and notifications that should be made to the Care Inspectorate. This will ensure better outcomes for children.

Areas for improvement

1. To support children's care, learning and experiences, the provider should make quality assurance processes more robust. This should include, but is not limited to, ensuring the desired and actual outcomes for any improvements are documented and ensure self-evaluation approaches are informed by best practice documents.

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?

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

Children have benefitted from a change in policy to increase the minimum staffing ratio; this has meant that there was more flexibility to cover staff absences. A contingency plan had been developed and shared with parents in the event of absences impacting on the service being able to operate fully.

Staff made regular head counts and checked the register at frequent intervals. Handheld radios were used by staff to communicate children's movements; for example, if a child was coming indoors from outdoors. This meant that children were accounted for and safe as they played.

Staff were effective at communicating with each other, particularly if they needed to leave the area that they were in. For example, staff were responsive to adjust their position so that they could see all children in the area. This meant that children were kept safe. The manager frequently checked in with staff to

ensure they had the resources they required and if they needed additional help.

To enhance staff deployment and children's experiences further, the team could consider adjusting the adult led planned activities and pairing staff together. For example, staff working together for a planned activity and resources available for children to have free play. This may allow for experiences to be more meaningful for children and for staff to engage further with them.

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

Requirements

Requirement 1

By 14 August 2024, the provider must ensure the safety and wellbeing of children. To do this, the provider must, at a minimum:

- a) keep accurate up to date medication records for children and these must outline children's support strategies, medication action plans and reflect the support they need
- b) implement a system to review each child's medication, medication records and medication action plans regularly with their parents
- c) ensure staff know what necessary steps they should take in caring for children with prescribed medication and in an emergency situation.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCC) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19). 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23).

This requirement was made on 15 May 2024.

Action taken on previous requirement

The management of medication had improved since the last inspection. There was information regarding allergies, and signs and symptoms that could be improved. Staff knew the necessary steps to take in an emergency situation; however, clarity was required as to appropriate/qualified staff to administer. Medication and allergy information was displayed to inform staff of children's needs. The manager had been reviewing medication monthly.

Met - within timescales

Requirement 2

By 20 August 2024 the provider must ensure that staff providing care and support to children are safely recruited. To do this, the provider must, at a minimum:

- a) review and implement the safe recruitment policy, ensuring all new staff are subject to full competency checks as well as basic fitness checks prior to employment commencing.

b) ensure professional registrations is in place for all staff, with registration status checked as part of the recruitment and quality assurance processes.

This is in order to comply with Regulations 9 (2)(b) and (2)(c) Fitness of employees for the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210).

This requirement was made on 15 May 2024.

Action taken on previous requirement

Recruitment was reflective of current guidance. All new staff had relevant references and disclosure checks prior to starting employment. We discussed best practice and to have references from different sources / organisations when possible. Signposted for the manager to seek guidance from Disclosure Scotland regarding PVG and SSSC registration enquiries.

Met - within timescales

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 health and wellbeing, the provider should ensure all children have a personal plan that details their individual needs, choices and progress. This information should be used to care for, and support children effectively. Plans should be reviewed by parents to reflect children's current needs.

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 my 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 area for improvement was made on 15 May 2024.

Action taken since then

All children had a personal plan. Personal detail information was stored electronically and a paper copy of 'all about me' information sheet, GIRFEC wellbeing sheet and observation sheet. GIRFEC information needed to be individualised to the child to ensure the correct support was provided.

Personal plans need to be developed further and for guidance to be used to inform this. Personal plans should detail how a child is being supported and reviewed to ensure it is right for them.

This was not met.

Previous area for improvement 2

To support children's health and wellbeing the provider should ensure that children are provided with a healthy, balanced snack that is inclusive of dietary requirements. This should include but not limited to being informed by current guidance and in consultation with children, through menu planning.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

This area for improvement was made on 15 May 2024.

Action taken since then

The snack selection had slightly improved since the last inspection, with the removal of jam sandwiches and buttered bread; although, feedback from children referenced having jam sandwiches. From discussion during the inspection, there was uncertainty about snack options for children. There was no menu for children to see or that they had developed. Some consultation had been done via survey monkey that included cheese toasties. Options for dietary requirements was limited and needs to improve.

This was not met.

Previous area for improvement 3

To ensure children's care, health and wellbeing are reflective of current guidance, children and staff should use separate toilet facilities when the service is operating. The provider should ensure arrangements are recorded in policies, procedures and risk assessments and communicated to the staff team and 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).

This area for improvement was made on 15 May 2024.

Action taken since then

Staff were observed using separate toilets to children. They now used toilets within the school. Procedures had been updated to reflect the change.

This was met.

Previous area for improvement 4

To ensure children are cared for safely when accessing the swimming pool and participating in the swimming group, the provider should ensure that arrangements are recorded in policies, procedures and risk assessments. These should be communicated to the staff team, parents and 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).

This area for improvement was made on 15 May 2024.

Action taken since then

Policies, procedures and risk assessments have been updated. Children and staff are familiar with routines for booking a session, walking to and from the swimming pool safely.

This was met.

Previous area for improvement 5

To support children's care, learning and experiences the provider should make quality assurance processes more robust. This should include, but is not limited to, ensuring the desired and actual outcomes for any improvements are documented. Ensure self- evaluation approaches are informed by best practice documents.

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 15 May 2024.

Action taken since then

Some quality assurance and self-evaluation systems have been introduced, but are not yet having an impact on practice and provision. Signposted the manager to practice documents to support self-evaluation.

This was not met.

Previous area for improvement 6

To ensure children and young people are cared for safely during periods of staff absence, the provider should improve contingency plans to reflect the needs of the service and children. This includes, but not be limited to, the provider working in partnership with the manager to create a contingency plan and risk assessment that will be shared with parents and other service users.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 15 May 2024.

Action taken since then

The committee board have increased the staff ratio to enable staff absences to be covered. A contingency plan had been developed and shared with parents in the event of staff absences impacting the services ability to operate.

This was met.

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	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?	4 - Good
3.2 Leadership of play and learning	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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