

Prestonpans Kids Clubs Day Care of Children

Prestonpans Infant School
West Loan
Prestonpans
EH32 9NX

Telephone: 07399 613 108

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
Prestonpans Kids Clubs

Service provider number:
SP2014012284

Service no:
CS2014325092

About the service

Prestonpans Kids Clubs is registered to provide a care service to a maximum of 130 children at any one time currently attending primary school.

The club is situated at Prestonpans Infant School. They have the use of the dining hall, community room, gym hall and all outside areas. Children also have access to a cloakroom area and designated toilets.

Children from Prestonpans Primary school and St. Gabriel's Primary school also attend the service. Local amenities were close by, including parks and transport links.

About the inspection

This was an unannounced inspection which took place on 17 July 2025 between 10:15 and 15:00. 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 children using the service;
- considered feedback from nine families through an online questionnaire;
- considered feedback from nine staff through an online questionnaire;
- observed practice and daily life;
- reviewed documents relating to the care of children and the management of the service.

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 happy and experienced kind, caring and positive interactions with staff.
- The setting had a happy atmosphere where children of all ages were engaged in play activities of their choice.
- There was an established staff team who worked well together.
- Personal plans could be strengthened further to reflect children's ongoing individual needs.
- Observations of play and planning approaches could be further developed to record the children's ideas and interests.
- The provider must ensure that staff take part in continuous professional development to enable them to provide high-quality outcomes for children.
- An improvement plan and some quality assurance processes were in place, these should be further developed to promote good outcomes for children.

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.

Children were happy, engaged, and having fun with their peers and staff in the service. We found staff were kind, patient and responsive to children's ideas and invitations to play. Staff provided praise and encouragement to children at appropriate times, which helped them to feel safe and welcomed. Families commented, "I feel the service they are giving is great". This welcoming environment encouraged social connections with friends and created a happy and trusting environment for children.

We observed lunch time during and found children experienced a mealtime that was relaxed, unhurried and sociable. Staff sat with children to supervise and engage in conversations. Children were respectfully reminded to sit while they ate to ensure they were not at risk of choking, this helped establish healthy eating habits. Children contributed to menu planning for snacks and had opportunities to engage in baking activities, which they enjoyed and found meaningful. Families commented, "There is always a range of snacks that my child can choose from" and "There is always an option of a snack or fruit of they don't like what's on offer. They won't go hungry". Children were kept hydrated by accessing their own water bottles and water was available for the children to drink. Staff should remind children to drink, to ensure they remained hydrated throughout the day.

We reviewed the procedures for supporting children's health, wellbeing and safety. We found that medication was stored and administered safely, and staff were aware of child protection procedures. Staff told us, "I am confident that I know the right process regarding any child protection concerns" and that "Keeping the children safe is priority". This supported children to be cared for in a safe manner. Moving forward staff should be provided with opportunities to discuss child protection scenarios and ask questions. This would ensure that children were kept safe from harm.

There were documents available that made up a child's personal plan. A template linked to the SHANARRI wellbeing indicators was completed with the children. This supported children to have ownership of their plans. Staff knew individual children's care routines and interests. Staff told us, "We ask the children how we can support them through their time at after school club" and "We regularly discuss progress and what is best for each individual child with their carers". Changes were made according to individual needs and some strategies were in place. However, strategies were not in enough detail to tell staff how to support some children. Some plans were not dated and no evaluation of strategies had been carried out. This meant that staff were unable to say with confidence if the support in place was effective. The Care Inspectorate 'Guide for providers on personal planning, Early learning and childcare (2021)' would support the service to develop these and we have made an area for improvement on this (area for improvement 1).

Quality Indicator: 1.3 Play and learning.

The setting had a happy atmosphere where children of all ages engaged in play activities of their choice. Children were confident in the environment and had fun through a range of play, learning and development opportunities which promoted their choice, wellbeing and imagination. Some experiences indoors included drawing, table football and construction toys and home area. Families commented, "Good range of

activities" and "The range of activities they get to do- love the fact my child can be at the beach after school or the park or doing arts and crafts or even baking!"

Children could access the school grounds from the club, where a variety of experiences were available. This included go carts, balls games and a wooded area to explore. Trips to the local community meant that children experienced opportunities to run, play and explore, which promoting their wellbeing. Families commented, "We are incredibly lucky to have a fabulous outside space at the school but the staff also use our local surroundings such a tower gardens, various local parks and our local beach" and "Lots of outdoor play and trips".

Planning sheets, displays and photos showed what children did during the out of school club week and holiday club. Children were regularly consulted and discussed what they wanted to do in the club. Staff told us, "I respond to a child's interest and plan activities based on their interest" and "We plan for the children's play and learning by asking the children what they would like to do and we base our plans and activities round there responses". Children's ideas were considered, however, weekly play and activities plans were basic, and did not always show detailed evaluations. This limited the service's ability to reflect on the effectiveness of activities and inform future planning. To foster deeper engagement and extend children's experiences we encouraged the service to develop their planning approaches to ensure a broad range of challenging experiences both indoors and outdoors.

The service had build up positive connections with the local community. A staff member stated that a strength of the service were the "good links within the local community that has been built over the past few years". The service often take part in the Lego club at the library and visit the community centre. The service used the school grounds for games, visited local woods, the park and beach. The regular walks and visits in the local community helped children develop a sense of community about the world around them. A family commented, "They make use of the local community so brilliantly".

Areas for improvement

1. To support children's overall wellbeing, the system for personal planning should be developed, maintained and include monitored support strategies for children who need them. These should be reviewed with families every six months or sooner if there is a change in a child's circumstances or wellbeing. This would ensure children's changing needs were reflected and that personal plans adhere to current practice guidance.

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).

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 club was provided from the dining hall within the school. When available they also had use of the gym hall and a smaller community room. Children had space to store their belongings and had freedom of choice

of where to play. There was plenty of natural light and good ventilation. Children's voice and achievements were displayed for everyone to see the notice boards; this sent a message to children that they mattered.

There were resources for children to access, and other toys were stored securely which children could ask for to develop their play. Staff told us, "I am always requesting and receiving any resources required to further a child's experience during their time with us". This supported children's independence and ability to lead their own play. Children would benefit from resources being available that that sparked their curiosity, imagination and offered challenge, such as open ended and loose parts play. Staff should also pay attention to the layout of resources to ensure that areas provided interesting opportunities and play provocations. Families told us, "Good range of activities" and "Lots of different activities are offered".

Children had made a den using a large bean bag and cushions. We have asked the service to ensure they provide designated spaces for reading and relaxation that would support children's emotional wellbeing and comfort needs. No books were set out for children to access. We discussed that staff should ensure books were attractively displayed and easily accessible for the children. This would support children's language, literacy and numeracy skills.

Infection prevention and control measures were in place. Children washed their hands before eating and after playing outside. Staff cleaned resources. A cleaning schedule had been established and staff had completed training on infection prevention and food hygiene. We asked the service to ensure opened food stuff's was labelled with the date. This would protect children's health and wellbeing.

Staff supported children's safety and supervision as they were alert to children's movements. Practices such as head counts and registers were in place, helping to ensure staff were aware of the children present. Older children informed staff when they needed to leave to use the bathroom and younger children were supported by staff as needed. The use of walkie talkies and high viz jackets further supported children's safety. Staff all strongly agreed that children were safe and they commented "Risk assessments are completed throughout the working day, any issues are reported and dealt with". Children were kept safe through risk assessments being in place for all aspects of the service, including indoor and outdoor environment, walks to and from the club and regular outings.

Children's personal information was stored securely. Staff told us, "we also have all the documents locked up in a cabinet that is closed and secure. I also feel like I am protected as everything is kept confidential". This meant that information is only used to support the delivery of safe and effective care for children.

How good is our leadership?

3 - Adequate

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

Quality Indicator: 3.1 Quality assurance and improvement are well led.

The approach to quality assurance varied and processes were not recorded sufficiently. These systems should be developed further to manage operational tasks this may include; audits of accidents, reviews of personal plans and SSSC registrations. In addition, the service should also consider service developments that were 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 (area for improvement 1).

The service had an improvement plan in place. This identified that outdoor play and some resources needed improved. Staff told us that they were included in the self-evaluation of the service through team meetings. However, this was not always documented and lacked depth. To support a cycle of continuous improvement the service should consider what progress was made and the impact improvements were having. This would help the manager and staff to effectively monitor improvements, assess any gaps and improve outcomes for children and families (area for improvement 1).

Children were given many opportunities to make choices such as snack, requests for resources and play opportunities. As planning becomes more established, this would provide further opportunities to demonstrate the involvement of children in the development of the service. This approach would reinforce that children's ideas were truly valued and visibly demonstrate their influence on the club's activities.

Staff were warm, friendly and families were welcomed into the service. Consultation with families took place through questionnaires, newsletters and they could be part of the management committee. Families commented, "The service is an important factor for me as it allows me to work knowing my children are safe and well looked after, the staff can't do enough for you and the manager is very supportive" and "It's a fantastic club, having this club joined to school helped me decide which village to move to from down south". While some engagement existed, there was limited evidence of how families actively contributed to shaping the service. The service should review current methods in seeking family feedback to better inform improvements. This collaboration could help ensure the service consistently meets the needs of children and families (area for improvement 1).

Staff meetings and professional development reviews were in place which supported staff. We have asked the service to allocate time during staff meetings for self-evaluation. This would support staff to be more involved in reflection and enable them to identify strengths and consider what could be improved within the club.

Some staff were left in day to day charge of the club. Moving forward the provider should ensure staff in charge of the club understand their roles and responsibilities. Families should be aware of who is responsible on a daily basis.

Areas for improvement

1. To ensure that outcomes for children and families continuously improve, the service should further develop the improvement plan and quality assurance systems, to include but not limited to, personal planning, planning for play and professional development for staff. Self evaluation processes should be further developed and take into account the views of children, families and staff.

This is to ensure that care and support is consistent with 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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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 manager was confident in telling us about the service and fully engaged with the inspection process. They were responsive to any suggestions we made throughout the inspection, and this demonstrated their commitment and drive for improvement. Staff all strongly agreed that they were supported by their manager and commented, "Great support from management professionally and personally" and "My wellbeing needs are recognised and supported by the leaders as when I'm unwell or need support with any problems". Families recognised and commented, on the positive staff team. They told us how approachable, friendly and caring staff were. Some commented, "The staff can't do enough for us and the kids. Communication is great - always let us know how each session has gone" and "Fab team and I have always felt very grateful to have them. I wouldn't be able to work if it wasn't for the after school club."

Management recognised the importance of ensuring that the service was appropriately staffed at all times. The deployment of staff was effective, and they were flexible in their approach, communicating well with each other using walkie talkies when in different rooms. Staff moved with children, to support the needs and interests of the children

The staff team was well established and consisted of a mix of qualified practitioners and support workers. A family commented, that they "especially liked that most staff have worked at the club for many years". Staff were motivated to provide children with positive experiences and understood how to interact and support children. Another family commented "They all welcome you with your name and know us well! They remember everything if my son has discussed something coming up they remember and always ask him how it went. It's great they really care!".

Staff worked well together to create a positive, fun atmosphere. They had a range of strengths, knowledge and experience and had carried out core training such as child protection and food hygiene. Staff told us, "New knowledge helps me plan better on how to give the children more resources to enhance their play. Learning from others helps me give more back to the children" and "The training enhances my knowledge & understanding whether it's first- aid, child protection, Autism, fun & game courses & team building". Moving forward, staff should begin to upskill themselves to ensure that they were familiar with and actively using some of the national good practice guidance for school aged childcare. We signposted the manager to resources that would enhance staff knowledge (area for improvement 1).

Staff appraisals had taken place to help assess how staff were getting on in their role. Staff commented, "We do appraisal every year, and if there is an issue I know I can go to my manager for support" and "I have always been supported in my work role". The appraisal process did not include an assessment of staff practice or opportunity to share professional expectations. We encouraged the service to use information gathered from staff appraisals to support the team and extend their knowledge, skills and overall development. The provider should ensure staff undertake professional development opportunities and take part in reflective practice discussions during team meetings. This would ensure continuous professional growth and further enhance the quality of care for children (area for improvement 1).

The service had a very low turn over of staff. Staff were given a basic induction and provided with a mentor when they first started. Staff commented, "I have mentored a new member of staff once they have been shown around the school" and "A new member of staff will shadow a practitioner & learn from them until they are confident in their new role". We have asked the service to review the induction process to ensure staff understand core areas of practice and effectively implement key procedures, particularly child protection, personal plans and whistle blowing. This would ensure staff have the necessary knowledge and skills to promote consistently positive outcomes for children and families.

Areas for improvement

1. To support and strengthen the skills, knowledge and experience of the staff team. The provider should ensure that effective arrangements and processes are in place for developing the staff team. This should include but not limited to, ensuring all staff are supported to develop the skills they need through professional learning, practice observations, reflective practice and effective feedback from the manager.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I have the confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HCSC 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.

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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